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ABSTRACT

Project UPSTART, during this fourth year of outreach, offered assistance in replicating its developed Sequenced Neuro-Sensorimotor Program (SNSP) for severely multihandicapped infants, pre-schoolers, young adults and their families. Future replication sites were identified. Programs received outreach assistance in the areas of staff training, follow-up consultation, child/parent programming, and evaluation. Opportunity to field-test the SNSP was provided by the three replication sites, two second generation sites, and the model classroom. University students, teachers, therapists, paraprofessionals and volunteers were trained. UPSTART disseminated its developed program for severely/profoundly handicapped and offered assistance through awareness, training and consultive activities on a nationwide basis. Outreach accomplishments are summarized by site and benefits accrued from stimulating program development are specified. Appended material includes sample site agreements, end-of-year questionnaires, and workshop materials. (Author/CL)

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FINAL REPORT

1983 - 1984

# PROJECT UPSTART

Location:

Easter Seal Society
For
Disabled Children and Adults, Inc.
2800 - 13th Street, N.W.
Washington, D.C. 20009

Submitted to:
Handicapped Children's Early Education Program
Office of Special Education
U.S. Department of Education

Submitted by:

D.Lee Walshe, Ph. D.
Project Director

December 31, 1984

EC172538

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# I. DEPARTMENT OF EDUCATION FACE SHEET

# I. FACE SHEET

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202

FORM APPROVED
OMB NO. 51-R1091

## PROGRAM PERFORMANCE REPORT (Discretionary Grants)

Further monies or other benefits may be, but will not necessarily be, withheld under this program unless this report is completed and filed as required by existing law and regulations (45 CFR 121, GSA FMC 74-7).

**Part I**

All grantees with awards from programs listed under "General Instructions" above respond.

| 1. Date of Report: | 2. Grant Number: |
|---|---|
| December 31, 1984 | G00 830 1512 |
| **3. Period of Report: From:** | **To:** |
| October 1, 1983 | September 30, 1984 |

4. Grantee Name and Descriptive Name of Project:

EASTER SEAL SOCIETY FOR DISABLED CHILDREN AND ADULTS, INC.
Project UPSTART: Developmental Pre-school Education for the Severely/Profoundly Handicapped

Certification: I certify that to the best of my knowledge and belief this report *(consisting of this and subsequent pages and attachments)* is correct and complete in all respects, except as may be specifically noted herein.

| Typed Name of Project Director(s) or Principal Investigator(s): | Signature of Project Director(s) or Principal Investigator(s): |
|---|---|
| D. Lee Walshe, Ph.D. | D. Lee Walshe |

**Part II** *("Accomplishment" Reporting)*

A. All grantees, except for those with awards under 13.443 are to respond to this Section A. Grantees under 13.443 go to B of Part II.

All grantees with awards under 13.444 except those supported solely for "Outreach" activities are to follow the organization of categories listed below in presenting their performance reports. The categories are based on activities common to all Early Childhood projects with the exception noted above for projects solely supported for outreach activities.

(1) Direct and Supplementary Services for Children's Services
(2) Parent/Family Participation
(3) Assessment of Child's Progress
(4) Inservice Training for Project Staff
(5) Training for Personnel from other Programs or Agencies
(6) Demonstration and Dissemination Activities
(7) Coordination with other Agencies
(8) Continuation and Replication

The grant application for programs 13.445, 13.446, 13.450, and 13.520 provided for the following functions or activities as categorical headings in the budget and narrative sections:

| | |
|---|---|
| Research and Development | Dissemination |
| Demonstration Service | Preservice/Inservice |
| Evaluation | Training |

Programs 13.451, and 13.452 do not usually require a breakout since the primary function or activity is intrinsic to the respective program.

For each of the above programs, functions, or activities *(as well as those of special import for certain programs, e.g., replication, advisory councils, parent involvement)* discuss the objectives and subobjectives presented in the approved application *(in narrative format)* in terms of:

(a) Accomplishments and milestones met.
(b) Slippages in attainment and reasons for the slippages.

Refer back to your application and utilize your quantitative quarterly projections, scheduled chronological order and target dates, and data collected and maintained as well as criteria and methodologies used to evaluate results for (a) and (b). For grantees under 13.444, in discussing training of personnel from other programs, include descriptions of types of training, institutions or organizations involved, and numbers of trainees and hours of training received.

Also highlight those phases of the plans of action presented in your application that proved most successful, as well as those that upon implementation did not appear fruitful. NOTE: Outreach grantees are to discuss accomplishments and slippages in terms of replication and stimulation of services, resources provided and field testing and dissemination and training in terms of types of personnel receiving training and the number of hours involved.

Grantees finishing this portion of Part II, go to C of Part II.

B. Reporting for Grantees under 13.443 *(Research and Demonstration)*.

Discuss major activities carried out, major departures from the original plan, problems encountered, significant preliminary findings, results, and a description and evaluation of any final product. Either include copies of, or discuss: information materials released; reports in newspapers, maga-



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# II. GENERAL INFORMATION

II. GENERAL INFORMATION

A. ABSTRACT

B. OVERVIEW OF OUTREACH ACCOMPLISHMENTS BY GOAL AND OBJECTIVES

C. BRIEF SUMMARY STATEMENT OF OBJECTIVES AND NEED

PROJECT UPSTART

OUTREACH

## II. GENERAL INFORMATION

### A. ABSTRACT

Project UPSTART, during this fourth year of outreach, offered assistance in replicating its developed Sequenced Neuro-Sensorimotor Program (SNSP) in Washington, D.C. and Southern Maryland. Outreach services impacted on severely multihandicapped infants, pre-schoolers, young adults and their families. Future replication sites were identified. St. Mary's, Calvert, Charles and Northwest and Southeast D.C. received outreach assistance in the areas of : Staff training, follow-up consultation, child/parent programming, and evaluation. Opportunity to field-test the SNSP was provided by the three replication sites, two second generation sites, and the model classroom. University students, teachers, therapists, paraprofessionals and volunteers were trained in Washington, D.C. and in Maryland. UPSTART disseminated its developed program for severely/profoundly handicapped and offered assistance through awareness, training and consultive activities on a nationwide basis.

### B. OVERVIEW OF OUTREACH ACCOMPLISHMENTS BY GOAL AND OBJECTIVES

Project UPSTART's staff participated in the national effort to insure quality services for young handicapped children and their families. Project UPSTART's outreach activities assisted other agencies in meeting the early educational needs of young handicapped children and their families. The objectives and the community needs, which outreach assisted, are presented.

Objective 1 - Stimulated program development. UPSTART staff assisted three new sites, serving severely multihandicapped infants, pre-schoolers, and young adults with initial program planning, staff training and program implementation. Consultation and program monitoring was ongoing. The sites began September, 1983.

Replication sites are located in Charles and Northwest and Southeast Washington, D.C.

Charles County and Public Schools of Washington, D.C. asked Easter Seal Society for Disabled Children and Adult, Inc. for assistance with: establishing programs, staff training, parent programming, evaluation and behavior management.

Objective 2 - Provide Training. UPSTART's model classroom in Southeast Washington, D.C. and replication sites offered as part of outreach, preservice and inservice training to university students, high school students and volunteers. The model demonstration classroom and second generation sites coordinated and offered training opportunities to the Southern counties in Maryland and Washington, D.C. Many of these training activities involved working with university training programs and practicum-internship training.

This year Project UPSTART presented a workshop on the team approach and the influence of physical and sensory lags on learning to the Tri-County Maryland Headstart. Approximately 20 staff attended, see p. A-3 for outline of program. The course was offered in Calvert county and the site was arranged for and refreshments were furnished by Tri-County Headstart.

Project UPSTART outreach staff offered extensive hands-on training opportunities to the Special Education staff of Charles and St Mary's Counties, Maryland, and the Public Schools in Washington, D.C. followed by classroom and therapy consultation and demonstration. UPSTART staff prepared trainees to train others.

Objective 3 - Develop Project Materials. Project UPSTART staff is in the final stages of developing a soft-back "how to" book, for national distribution, describing: (a) the Sequenced Neuro-Sensorimotor Program using the team approach; (b) how one develops a truly individualized program for each child that follows the structured sequence; (c) how one implements the program, adjusting for rural and urban areas; home and center-based programming; and (d) how one adjusts the sequential program for children at different levels of function. Project UPSTART continues to receive many requests for its Sequenced Neuro-Sensorimotor Program.

Objective 4 - Insure National/State/Local Awareness. On-site demonstrations continued at the model program site. All sites sucessfully met the criteria for Project UPSTART's Sequenced Neuro-Sensorimotor Program. TADS included Project UPSTART in their published book listing projects serving the handicapped. Also, conference monographs have been published and are available nationwide. Outreach staff presented at the HCEEP conference in December, the AAMD National Conference in May and the CEC National Conference in April. A visitor from Australia spent one day learning about our program.

Project UPSTART was invited by the Maryland 's State Implementation Grant (SIG) to participate in Marylands's Early Childhood Special Education Outreach Fair at Johns Hopkins in July. See p. A-7.

UPSTART staff noticed an increase in requests, both nationally and internationally whenever announcements of such materials appeared in national publications, therefore indicating that such materials are meeting an existing need.

Objective 5 - Stimulate State Involvement. Project Upstart's Director participated in Urban Corsortium activities. Project UPSTART cooperated with Public Schools of Washington, D.C. by volunteering to assist in the hosting of the National Children's Conference. Project Upstart staff has worked with Maryland SIG in offering outreach services statewide. See page A-7.

Objective 6 - Become Involved in Other Specific Consultive Assistance. Needs were indentified in the Tri-County area of Southern Maryland, Prince George's Counties, Maryland and Washington, D.C. Outreach funding enabled UPSTART outreach staff to assist in prioritizing needs and to offer consultive assistance.

C. BRIEF SUMMARY STATEMENT OF OBJECTIVES AND NEEDS MET

1. Maryland and Washington, D.C. received assistance in establishing quality programs to serve severely multihandicapped infants, pre-schoolers, and young adults.

2. Extension of training sites for university students, professionals and para-professionals, and volunteers who are particularly interested in working with severely/profoundly handicapped infants was made possible, with outreach funding, for purposes of stimulating interest in expanding services to infants, pre-schoolers, and young adults, and to support additional training of personnel.

3. Continued development of materials to clarify and to demonstrate the Sequenced Neuro-Sensorimotor approach were made possible through outreach funding.

4. Field testing of the Sequenced Neuro-Sensorimotor Program in urban and rural areas, home and center-based programs, was extended with outreach funding.

5. On-site demonstrations at replication sites and second generation sites, and response to requests for information indicating further national interest, were accomplished.

6. Further involvement in Southern Maryland and Maryland regional planning were facilitated through outreach funding of additional staff.

7. Further association with the District of columbia Public schools was made possible through outreach funding.

8. Additional prioritized consultive needs were met when appropriate to UPSTART's outreach activities.

## III. PERFORMANCE REPORT

### A. SUMMARY OF OUTREACH ACCOMPLISHMENTS

## III. PERFORMANCE REPORT

### A. SUMMARY OF OUTREACH ACCOMPLISHMENTS

The goal of UPSTART's Outreach Project has been to develop outreach activities which will assist other agencies to meet the early educational needs of young children on local, state and national levels, with improved quality of services.

1. Benefits accrued from stimulating program development. On the local level of outreach, assistance continued at a new program for severely multihandicapped infants/pre-schoolers in Southeast, Washington, D.C. The results are:

a. The quality of service for severely multihandicapped infants was improved in Southeast Washington, D.C.;

b. Local awareness of the needs of handicapped infants for quality service increased;

c. The black community became mobilized and actively sought additional services for handicapped infants from the state (D.C. Government);

d. The Southeast citizens expressed appreciation for the interest, concern and services.

Outreach continues in Maryland, in Charles, St. Mary's and Calvert Counties. These counties are rural and isolated and it is difficult to attract and keep therapists and special education staff to serve their handicapped children. When Easter Seal Society announced that, as an Easter Seal Agency, it was extending limited services into Southern Maryland, Directors of Special Education asked for assistance. Two counties implemented the Sequenced Neuro-Sensorimotor Program. The results were:

a. Support, such as training and consultation, resulted in an implementation of additional services to severely multihandicapped pre-schoolers and young adults.

b. The implementation of techniques of neuro-developmental therapy and sensory integrative therapy facilitated interest among staff, both educators and therapists, in acquiring the skills appropriate to each discipline.

c. Interest and approval was expressed by parents, therapy and special education staff in the Sequenced Neuro-Sensorimotor Program.

Impact at the national level was observed. Requests to visit the replication and model demonstration sites were received from outside D.C. and Maryland agencies. Further documented impact of quality service programs in terms of handicapping condition and personnel were noted.

2. Benefits accrued from training activities. The model demonstration classroom at the Easter Seal Society (formerly D.C. Society) locally offered training to university students, para-professionals and volunteers from the Washington, D.C. area, as well as, suburban and rural Maryland, as an outreach activity of the coordinator/trainer. Specific training in the implementation of the Sequenced Neuro-Sensorimotor Program was a major focus of training activities. The results are:

a. Universities reported positively on their student' experiences.

b. Para-professional persons and volunteers evidenced improved skills in working with children.

c. Charles and St. Mary's counties' Special Education personnel expressed satisfaction with the intellectual stimulation and enthusiasm on contact with a professional opportunity outside their county.

The Human Services Department's Day Care program also had local impact on the training needs of the Washington, D.C. community. Specific training in the implementation of the Sequenced Neuro-Sensorimotor Program also was a major focus of their training activities. The results are:

a. Universities reported positively on their students' experiences.

b. Para-professional persons and volunteers evidenced improved skills in working with children.

3. Benefits accrued from developing project materials. The Sequenced Neuro-Sensorimotor Program (SNSP) was field tested in an urban inner-city setting and rural setting. Documentation of various methods of implementing the SNSP, depending on whether urban, rural, home-based or center-based in invaluable information. Results obtained:

a. Implementation of the SNSP in the three replication sites demonstrated that it is an effective program implemented in a rural setting.

b. Documentation of various methods of implementing the SNSP was considered helpful as noted through requests for this information from urban, rural, home and center-based settings.

c. Development of a wider variety of materials in order to facilatate SNSP replication.

4. Benefits accrued from in-creasing national/state/local awareness. Presentations at the HEECP, AAMD, and the CEC National Conferences. Results obtained:

a. Requests for available materials increased, nationally and internationally.

b. Recipients indicated satisfaction with the materials.

c. Additional universities exhibited interest in our program as a training site for their students in special education.

5. Benefits accrued from increasing state involvement. Project UPSTART continued to be a member of the Urban and Rural Consortia of Handicapped Children's Programs, and maintained input to legislative study and policy formation. Results obtained:

a. With the additional staff time, provided through outreach assistance, urban and rural planning activities increased nationwide.

Presentation at the Maryland -SIG Outreach Fair (p. A-7) resulted in:

a. Certain northern Maryland counties expressing interest in Project UPSTART consultation and possible replication.

b. Universities again expresed an interest in the SNSP and a desire to explore association in some way with the program.

6. Benefits accrued from involvement in other specific consultive activities. Meetings between tri-county agencies (St. Mary's, Charles, Calvert), Easter Seal Society and UPSTART staff and Washinton, D.C. Public Schools continued. The need for increased assistance in staff training and consultation has been identified. Results obtained:

a. Additional needs were stated.

b. Requests for assistance increased.

c. Plans were made for further outreach assistance.

d. Satisfaction was indicated by the county agencies which do receive assistance.

B. SUMMARY OF OUTREACH ACCOMPHISHMENTS BY SITE

# PROGRESS REPORT ON FOURTH YEAR OUTREACH AT DEMONSTRATION AND REPLICATION SITES

## SOUTHEAST CENTER - WASHINGTON, D.C. DEMONSTRATION CLASSROOM

### Child Services

Twenty three children ages 7 months - 3 years and mild to profound handicaps, have been served in the demonstration classroom. Of these twenty three , two transferred to the Easter Seal Society's Northwest Center in March. Two half-day programs are available. Both groups attended three days per week for three hours each sessions. IEP's and individual sequences were developed for each child.

The staff consists of a teacher, teacher assistant, speech, occupational and physical therapists and a part-time food service/classroom assistant. The model components are used without adaptation.

### Family Services

Twenty three families were impacted and seventy-five individual conferences were held. One hundred seventy-four persons participated in group meetings.

### Demonstration and Dissemination

Two hundred twelve visitors were reported with twenty-three in class consultations with staff.

### Evaluation

The Early Learning Accomplishment Profile (E-LAP), the Test for Gross Motor and Reflex Development (GMRD), the Receptive, Expressive Emergent Language Scale (REEL) and the Preschool Language Scale are used as assessment instruments. The parents "Help Wanted" and "Help Received" questionnaires are also used.

See page A-9 for pre and post data.

### Staff Training

Fourteen days consultation were provided by Outreach staff on site. This classroom was monitored once a month in addition to days of input requested by classroom staff. A two hour orientation was also provided by outreach staff in addition to regular weekly meetings to discuss the SNSP and its implications during the first month of the school year.

End of Year Data from the demonstration classroom may be found in Table I, page 35.

## F.B. GWYNN CENTER - CHARLES COUNTY MARYLAND
## REPLICATION SITE

### Child Services

Seven children, ages 18 months - 6 years with severe and profound handicaps were served in a center-based program. The classroom operated five days a week in an all day program. IEP's were written for each child.

A teacher, two teacher assistants and part-time speech, occupational and physical therapists made up the classroom staff.

### Family Services

Seven families were impacted and sixteen individual confernces were held. Seven parents have participated in group meetings.

### Demonstration and Dissemination

The classroom received forty five visitors and one of these persons received in class consultation.

### Evaluation

The Early Learning Accomplishment Profile (E-LAP) is used within the class. See the pre and post-test data chart page A-16.

### Staff Training

Ten days consultation and hands-on-training were provided by outreach staff on site.

End of Year Data from this replication site at Gwynn Center may be found in Table II, page 36.

## SHARPE HEALTH SCHOOL - WASHINGTON, D.C.

### REPLICATION SITE

Child Services

Seven children, ages 5 - 15 with severe/profound handicaps, were served in a primarily center-based program. Children were seen in an all day program, five days per week and were exposed to music, adapted physical education, and art through resource persons located at the facility. IEP's and charted individual sequences were developed for each child.

The staff consists of a teacher, teacher assistant, occupational and physical therapists.

Family Services

All of the parents participated in the IEP meetings. Six parents have attended PMR/PTA meetings.

Demonstration/Dissemination

Thirty visitors were reported with three in class consultation visits with staff.

Evaluation

Assessment data was collected using the Early Learning Accomplishment Profile (E-LAP) and the Coontz. See page A-15 for pre and post-test chart.

Staff Training

One half-day workshop orientation paired with one-half day of classroom observation was given by outreach staff. In addition, twelve days of hands-on consultation took place during the school year.

End of Year Data from this replication site at Sharpe Health School may be found in Table III, page 37.

## SOUTHEAST CENTER - DHS DAYCARE - WASHINGTON, D.C.
## REPLICATION SITE

### Child Services

Ten children, ages 12 months - 4 years with moderate to profound handicaps were served in a center-based program. Children were seen five days a week, ten hours per day in a day day care arrangement. IEP's were developed for each child.

Staff includes a teacher, two full-time and two part time teacher assistants, and occupational, physical and speech therapists.

### Family Services

Ten families were impacted and one hundred fourteen individual conferences took place. This site has high parent participation for conferences as well as for volunteering in the classroom. One hundred seventy-six parents attended various group meetings and parties during the year.

### Demonstration and Dissemination

Two hundred nineteen visitors were reported of which forty were in class consultations with staff.

### Evaluation

Assessment data was collected using the Early Learning Accomplishment Profile (E-LAP), the Test for Gross Motor and Reflex Development (GMRD), the Receptive, Expressive Emergent Language Scale (REEL), and The Preschool Language Scale.

Data was not collected from the daycare program, since there was no firm cycle for beginning data. See page 22.

### Staff Training

A two hour awareness workshop was provided by outreach staff on site. In addition, regular weekly meetings to discuss the SNSP and its implications were held for one month. The day care program received ten days hands-on training and consultation from outreach staff.

End of Year Data from this DHS replication site at the Southeast Center may be found in Table IV, page 38.

## F.B. GWYNN CENTER - CHARLES COUNTY, MARYLAND

## SECOND GENERATION SITE

### Child Services

Seven children, ranging in age from 2 - 4 years with moderate to severe handicaps were served in a center-based program. The children attended school five days a week in an all day program. As a second generation site, this class continues to replicate the model effectively and serves as a liaison for the other classrooms. IEP's and group sequences have been developed for each child.

Staff consists of a teacher, teacher assistant, an occupational therapist and occupational therapy assistant, and a physical therapist.

### Family Services

Seven families were impacted and there were fifteen individual conferences. Nine parents have attended group meetings.

### Demonstation and Dissemination

Forty-five visitors were reported with one in class consultive visit.

### Evaluation

Assessment data was collected using the Early Learning Accomplishment Profile (E-LAP). See page A-16 for pre and post test chart.

### Staff Training

Ten days consultation with hands-on training were given by outreach staff. This second generation site teacher assisted the new replication site in adopting the SNSP format.

End of year data from this second generation site at Gwynn Center may be found in Table V, page 39.

## SHARPE HEALTH SCHOOL - WASHINGTON, D.C.

## SECOND GENERATION SITE

### Child Services

Seven children, ages 7 - 13 with severe and profound handicaps were served in a center-based program. Children attended five days per week in an all day program and were exposed to music, adapted physical education, and art through resource persons located at the facility. IEP's and individual sequences have been developed for each child. This classroom served as a liaison to the new replication site and had assisted replication site staff in developing their expertise in utilizing the SNSP.

A teacher, teacher assistant, occupational and physical therapists comprised the classroom staff.

### Family Services

All parents participated in the IEP meetings. Nine parents have attended PMR/PTA meetings.

### Demonstration/Dissemination

Two parents volunteered in the classroom assisting staff and children on a regular basis. Approximately thirty visitors were reported and three persons received consultation with staff in the classroom.

### Evaluation

The Early Learning Accomplishment Profile (E-LAP) and the COONTZ were used as assessment instruments. See the pre and post-test data chart, page A-15.

### Staff Training

One half day workshop orientation paired with one half day of classroom observation was given by outreach staff. In addition, thirteen days of hands-on consultation took place during the school year.

End of Year Data from this second generation site at Sharpe Health School may be found in Table VI, page 40.

SEVENTH YEAR IMPACT DATA

OUTREACH

IMPACT DATA SUMMARY
END OF YEAR IMPACT DATA RESULTING FROM PROJECT UPSTART ACTIVITIES

| ACTIVITIES | PARTICIPATION | RESULTS |
|---|---|---|
| Stimulating Sites | 4 sites | St. Mary's County, Maryland continues to replicate components of the model.<br><br>Gwynn Center, Charles County has allowed staff release time for training and meetings. A change of schedule has facilitated working in the classroom to increase staff ratio, particularly during feeding and to have additional input into developing sequences. Modification of the environment has continued for the program especially for the SI area.<br><br>Sharpe Health Center, D.C. Public Schools has allowed staff release time to attend a half day training workshop and staff time to complete evaluation of the LAP. In one classroom Project UPSTART worked with a long term substitute teacher. Sequences were displayed in chart form.<br><br>Department of Human Services Day care program. Impact was delayed until February due to staff illness, substitute staff, and preliminary training. Children entered the newly established program in a as identified manner. Therefore, data collection had no calendar base. Extensive training sessions were provided to the personnel. |

TABLE I (Continued)

OUTREACH

IMPACT DATA SUMMARY
END OF YEAR IMPACT DATA RESULTING FROM PROJECT UPSTART ACTIVITIES

| ACTIVITIES | PARTICIPATION | RESULTS |
|---|---|---|
| Program Continuation | 4 sites | St. Mary's County Infant Program continues to deal with many changes this year. Staff turnover, reduction in state funding, reduction of staff, and increased clients has made a very difficult year for this site. Replication of components of our model is still ongoing. The original teacher continues in the program.<br><br>Tri-County Headstart Programs exibited interest in the Team approach and the NDT/SI components with a request for an all day workshop.<br><br>Gwynn Center. SPH classroom is demonstrating an understanding of the sequenced program and the use of adapted techniques of NDT/SI is improving. However, a variation in activities needs to be achieved.<br><br>Sharpe Health. LAPS and IEPs were done with sequence in mind. Actual sequencing began in late January. In one classroom where a substitute teacher was used, sequencing was carried on in a general manner with excellent follow through after hands-on consultations.<br><br>Department of Human Services Day Care program. The logistics of the larger classroom staff, the setting of shift patterns for staff, & compliance with day care regulations demanded most of the staff and administrative time and concentration. |

TABLE I (Continued)

OUTREACH

IMPACT DATA SUMMARY
END OF YEAR IMPACT DATA RESULTING FROM PROJECT UPSTART ACTIVITIES

| ACTIVITIES | PARTICIPATION | RESULTS |
|---|---|---|
| Program Continuation (Cont.) | 4 sites | Department of Human Services Day Care Program (Cont.) Outreach impact was limited to the gross motor area and to general training and discussion sessions regarding the sequenced approach. |
| | | Tri-County Headstart workshop. Five centers were represented from Calvert, Charles and St. Mary's Counties. The potential impact was to 180 pre-school children. |
| The model demonstration Classroom | | The classroom completed IEPs and wrote individual sequences. This staff has had a turnover in each of the therapies this year. |
| Program services provided at these sites as follows: | | |
| Total children and families served | All sites | 65 *(+180) |
| Total visitors | All sites | 581 |
| Total number of classroom | All sites | 7 *(+5) |

*(Headstart impact)

TABLE I (Continued)

OUTREACH

IMPACT DATA SUMMARY
END OF YEAR IMPACT DATA RESULTING FROM PROJECT UPSTART ACTIVITIES

| ACTIVITIES | PARTICIPATION | RESULTS |
|---|---|---|
| Product Development/ Distribution | | |
| Item for which patent has been obtained | | Patent has been procured and filed with U.S. Patent Office |
| Number of children receiving new/improved services, use of selected materials/components of model. | 1 continuation classroom; 3 second generation sites; 3 replication sites and 5 classrooms in Headstart | 65 children |
| Requests for products | Treatment Centers, Therapists, Teachers, Administrators, Teachers Assistants, National/International schools | 74 |
| Awareness | | |
| Visitors to replication sites and demonstration sites | Site staff | 581 visitors |
| Number of contacts resulting in state involvement | 4 Outreach staff | 23 contacts |
| After presentations, requests for information | attendees | 2,378 requests |

TABLE I (Continued)

OUTREACH

IMPACT DATA SUMMARY
END OF YEAR IMPACT DATA RESULTING FROM PROJECT UPSTART ACTIVITIES

| ACTIVITIES | PARTICIPATION | RESULTS |
|---|---|---|
| Training | | |
| Number of classrooms of handicapped children which were served by number of persons reaching criterion training by end of year. | 7 classrooms | 65 children<br>6 staff |
| Howard University CORE Program for Allied Health Services major includes placement in demonstration classrooms as part of class work fulfillment. | Ongoing | Howard continues yearly to place college students in our demonstration classroom. |
| Participant satisfaction | Attendees at presentations | Varies according to level of presentation and educational level of attendees. Only generalizations we can make is that workshops with "live" demonstrations and most especially "hands-on" experience best received. |
| Agencies granting release time for workshops and training activities. | D.C. Headstart Programs, D.C. Public Schools, Charles County Public Schools, Tri-County Headstart, Dept. of Human Services | 5 agencies granting release<br>46 staff |

TABLE I (Continued)

OUTREACH

IMPACT DATA SUMMARY
END OF YEAR IMPACT DATA RESULTING FROM PROJECT UPSTART ACTIVITIES

| ACTIVITIES | PARTICIPATION | RESULTS |
|---|---|---|
| State Involvement/Coordination | | |
| DAISEF-Consortium for D.C. private facilities | 1 member | Attending and planning at the state level of private facilities in D.C. |
| Input into Maryland SEA | 1 member | Input into planning for handicapped children at the state level. |
| SEA approved and fiscal support of E.S. programs | Classroom at Southeast Center | D.C. Public Schools support grants for SPH children at Easter Seal Society replicating the SNS Program. |
| Outreach Fair Participation | 4 staff | Contacts with potential replication sites. |
| Placement and transition from private to public schools | 1 staff | Continued input to committee on placement in D.C. |
| Head Start | Number of staff ongoing | Collaboration of staff training and staff development at state level. |
| Continued active membership and support to rural and urban networks | 2 Outreach staff participated | Input into rural and urban planning committees. |
| Voluntary support assistance to C.E.C. National Conference | 3 staff | Active support of D.C. Public Schools in their role as host for C.E.C. conference. |

# PROJECT UPSTART
## SEVENTH YEAR IMPACT DATA

| DEMONSTRATION | CHILDREN AND FAMILIES SERVED | PERSONS TRAINED | REQUESTS FOR INFORMATION | VISITORS |
|---|---|---|---|---|
| 77-78 | 28 | 1 | 102 | 283 |
| 78-79 | 24 | 15 | 148 | 110 |
| TOTAL | 45 | 16 | 250 | 394 |
| 79-80 | 24 | 18 | 161 | 122 |
| TOTAL | 69 | 34 | 411 | 515 |
| OUTREACH 80-82 | 79 | 166 | 144 | 587 |
| TOTAL | 148 | 200 | 555 | 1102 |
| 81-82 | 104 | 174 | 71 | 689 |
| TOTAL | 252 | 374 | 726 | 1791 |
| 82-83 | 87 | 165 | 124 | 264 |
| TOTAL | 339 | 539 | 850 | 2055 |
| 83-84 | 134 | 331 | 2378 | 581 |
| TOTAL | 473 | 870 | 3228 | 2636 |

## C. EXPANDED REPORT

## C. EXPANDED REPORT

### 1. FACILITIES AND EQUIPMENT

I. FACILITIES AND EQUIPMENT

Easter Seal Society for Disabled Children and Adults, Inc. Demonstration Classroom. This consists of a classroom located at 3640 Martin Luther King, Jr., Avenue, S.E., Washington, D.C. The classroom measures 14 by 25 feet. Cabinets and storage space are available as well as a sink. Appropriate tables and chairs, adaptive equipment for the physically handicapped, such as, wedges, bolsters, adapted chairs and table tops, prone boards, inflatable therapy balls, inflatable cylindar, balancing platform, stand-up table, kneeling table, bolster seats, and rocker are also available. Staff has access to audio-visual equipment, the therapy room and an adapted playground.

Department of Human Services - Replication Site. This site is located at the Southeast Center and measures 14 by 30 feet. The classroom is a DHS funded day care facility and areas are equipped with items for sleeping such as cots, and cribs; for meal time with tables and chairs adapted to the children's needs; a toileting area equipped with potty chairs and a changing table as well as a carpeted area. There is a large bulletin and chalkboard, a bookcase, teachers' desk, and 2 closets within the room. Adapted equipment such as wedges, bolsters, therapy balls and an adapted rocker are available. A small sink which is installed at the appropriate height is used. Toys and educational materials of varying design and function are also available.

Sharpe Health School - Replication Site. This classroom is located in the annex building of the D.C. Public Schools facility for the handicapped. It is equipped with an exercise mat, a sidelyer, bean bags, cots for naps, 3 adult size tables and chairs, 3 student desks and chairs a teacher's desk and 2 file cabinets used for storage. Windows run the length of one wall. A variety of educational and recreational materials are available. The classroom also has a record player. The children's wheelchairs are often kept in the room for use throughout the day. Large bulletin boards display the children's I.E.P. goals, and daily schedule.

Sharpe Health School - 2nd Generation Site. The classroom is located in the main building of the D.C. Public School's facility for handicapped children. It measures 30 by 30 feet and has two attached bathrooms. There is a teacher's desk and cabinet, coat cubbies for the children, a large exercise mat, four side lyers, two pottie chairs, a sand table, texture toys and cause and effect toys, as well as headphones. Windows run the length of one wall.

Gwynn Center - Replication Site. This classroom is located off a corner of a large open space which is used as a multipurpose area. The classroom itself is carpeted and has a bulletin and chalk board. A large exercise mat occupies one side of the room. A counter runs the length of one wall with a sink with ample storage area underneath. This class is adjacent to the outdoor play area and has a exit from the room. The class also uses an open area next to the room for mealtimes. This area also has counter space and a sink and a connecting restroom. There is a storage cabinet, tables and chairs and an exit to the playground from this room.

Gwynn Center - Replication Site (continued).
Equipment includes a feeder seat, prone board, adapted arm chairs with trays, an adult rocking chair, bean bags, a infant walker, wedges and bolsters. The open spaced multi-purpose area has gross motor equipment such as slides, stairs, "pretend" games, a large cylinder filled with balls, etc.

Gwynn Center - 2nd Generation site. This classroom is a small triangular carpeted space which was once offices. One wall holds shelf bookcases used to hold educational materials. There are two child sized tables with chairs. The classroom also has small folding mats used for resting. Adapted equipment includes a bolster and straightback arm chair.

## 2. BENEFITS ACCRUED FROM STIMULATING PROGRAM DEVELOPMENT

TABLE I

END OF YEAR DATA FOR DEMONSTRATION SITE
SOUTHEAST CENTER, WASHINGTON, D.C.

| ACTIVITIES | BREAKDOWN | TOTALS |
|---|---|---|
| **Child Services** | | |
| Total number of children served | | 19 |
| Staff | 1 Teacher | 5 |
| | 1 Teacher Assistant | |
| | 1 Speech Therapist | |
| | 1 Occupational Therapist | |
| | 1 Physical Therapist | |
| Volunteers | 2 Volunteers | 2 |
| Funding: Easter Seal Society for Disabled Children and Adults, Inc. | | |
| Classroom: | | |
| Model Components used without adaptation | Sequenced Neuro-Sensorimotor Program | All |
| Child Programs: | | |
| See Appendix for data collection | Overall Average Gain | 13.5 |
| E-LAP: | Gross Motor | 11.7 |
| | Fine Motor | 12.3 |
| | Self-Help | 17.2 |
| | Social | 17.1 |
| | Language | 11.9 |
| | Cognitive | 10.8 |
| REEL: | Receptive | |
| GMRD | Expressive | |
| **Family Services** | | |
| Number of families impacted | | 23 |
| Number of individual conferences | | 75 |
| Number attending group meetings | | 174 |
| **Demonstration/Dissemination** | | |
| Visitors: | | 212 |
| Observation/awareness | | 190 |
| In class visit with staff consultation | | 22 |

Contact Person: Norma Evans-Barber
Address: 3640 Martin Luther King Jr., Avenue, S.E., Washington, D.C. 20032
Phone: (202) 562-7112

TABLE II

END OF YEAR DATA FOR REPLICATION SITE
GWYNN CENTER, CHARLES COUNTY, MARYLAND

| ACTIVITIES | BREAKDOWN | TOTALS |
|---|---|---|
| **Child Services** | | |
| Total number of children served | | 7 |
| Staff | 1 Teacher | 6 |
| | 2 Teacher Assistant | |
| | 1 Occupational Therapist | |
| | 1 Occupational Assistant | |
| | 1 Physical Therapist | |
| Funding: | | |
| Charles County Public Schools | | |
| Classroom: | | |
| Model components used without adaptation | Sequenced Neuro-Sensorimotor Program | 2 |
| Child Programs: | | |
| See Appendix for data collection | Overall Average Gain | 0.3 |
| E-LAP: | Gross Motor | 0.4 |
| | Fine Motor | 0.0 |
| | Self-Help | 0.4 |
| | Social | 0.3 |
| | Language | 0.6 |
| | Cognitive | 0.1 |
| **Family Services** | | |
| Number of families impacted | | 7 |
| Number of individual conferences | | 16 |
| Number attending group meetings | | 7 |
| **Demonstration/Dissemination** | | |
| Visitors: | | 45 |
| Observation/awareness | | 44 |
| In class visit with staff consultation | | 1 |

Contact Person: Ray Bryant
Address: F.B. Gwynn Educational Center, Star Route 5, Box 536
La Plata, Maryland 20646
Phone: (301) 934-3884

TABLE III

END OF YEAR DATA FOR REPLICATION SITE
SHARPE HEALTH, WASHINGTON, D.C.

| ACTIVITIES | BREAKDOWN | TOTALS |
|---|---|---|
| **Child Services** | | |
| Total number of children served | | 7 |
| Staff | 1 Teacher | 4 |
| | 1 Teacher Assistant | |
| | 1 Occupational Therapist | |
| | 1 Physical Therapist | |
| Funding: | | |
| D.C. Public Schools | | |
| Classroom: | | |
| Model components used without adaptation | Sequenced Neuro-Sensorimotor Program | 1 |
| Child Program: | | |
| See Appendix for data collection | Overall Average Gains | 1.0 |
| E-LAP: | Gross Motor | 0.8 |
| | Fine Motor | 1.5 |
| | Self-Help | 1.5 |
| | Social | 1.0 |
| | Language | 0.8 |
| | Cognitive | 0.5 |
| **Family Services** | | |
| Number of families impacted | | 7 |
| Number of individual conferences | | 7 |
| Number attending group meetings | | 6 |
| **Demonstration/Dissemination** | | |
| Visitors: | | 30 |
| Observation/awareness | | 27 |
| Inclass visit with staff consultation | | 3 |

Contact Person: Marian Siler
Address: Sharpe Health School, 4300 13th Street, N.W., Washington, D.C. 20009
Phone: (202) 576-6161

TABLE IV

END OF YEAR DATA FOR REPLICATION SITE
SOUTHEAST CENTER, DHS DAYCARE
WASHINGTON, D.C.

| ACTIVITIES | BREAKDOWN | TOTALS |
|---|---|---|
| **Child Services** | | |
| Total number of children served | | 10 |
| Staff | 1 Teacher | |
| | 4 Teacher assistants | 7 |
| | 1 Occupational Therapist | |
| | 1 Speech Therapist | |
| | 1 Physical Therapist | |
| Funding: | | |
| Department of Human Services | | |
| Classroom: | | |
| Model components used without adaptation | Sequenced Neuro-Sensorimotor Program | |
| Child Programs: | | |
| See explanation page 22 | | N/A |
| **Family Services** | | |
| Number of families impacted | | 10 |
| Number of individual conferences | | 114 |
| Number attending group meetings | | 176 |
| **Demonstration/Dissemination** | | |
| Visitors: | | 219 |
| Observation/awareness | | 179 |
| In class visit with staff consultation | | 40 |

Contact Person: Norma Evans-Barber
Address: 3640 Martin Luther King Jr., Avenue, S.E., Washington, D.C. 20032
Phone: (202) 562-7112

TABLE V

END OF YEAR DATA FOR SECOND GENERATION SITE
GWYNN CENTER, CHARLES COUNTY, MARYLAND

| ACTIVITIES | BREAKDOWN | TOTALS |
|---|---|---|
| **Child Services** | | |
| Total number of children served | | 7 |
| Staff | 1 Teacher | 5 |
| | 1 Teacher Assistant | |
| | 1 Occupational Therapist | |
| | 1 Occupational Assistant | |
| | 1 Physical Therapist | |
| Funding: | | |
| Charles County Public Schools | | |
| Classroom: | | |
| Model Components used without adaptiation | Sequenced Neuro-Sensorimotor Program | 2 |
| Child Programs: | | |
| See Appendix for data collection E-LAP | Overall Average Gains | 8.0 |
| | Gross Motor | 4.5 |
| | Fine Motor | 10.8 |
| | Self- Help | 6.3 |
| | Social | 5.1 |
| | Language | 9.6 |
| | Cognitive | 11.2 |
| **Family Services** | | |
| Number of families impacted | | 7 |
| Number of individual conferences | | 15 |
| Number attending group meetings | | 9 |
| **Demonstration/Dissemination** | | |
| Visitors: | | |
| Observation/awareness | | 45 |
| In class visit with staff | | 44 |
| consultation | | 1 |

Contact Person: Ray Bryant
Address: F.B. Gwynn Educational Center, Star Route 5, Box 536
La Plata, Maryland 20646
Phone: (301) 934-3884

TABLE VI

END OF YEAR DATA FOR SECOND GENERATION SITE
SHARPE HEALTH, WASHINGTON, D.C.

| ACTIVITIES | BREAKDOWN | TOTALS |
|---|---|---|
| **Child Services** | | |
| Total number of children served | | 7 |
| Staff | 1 Teacher | 4 |
| | 1 Teacher Assistant | |
| | 1 Occupational Therapist | |
| | 1 Physical Therapist | |
| Funding: | | |
| D.C. Public Schools | | |
| Classroom: | | |
| Model components used without adaptation | Sequenced Neuro-Sensorimotor Program | 1 |
| Child Programs: | | |
| See Appendix for data collection | Overall Average Gains | 0.3 |
| E-LAP | Gross Motor | -0.1 |
| | Fine Motor | 0.1 |
| | Self-Help | 0.1 |
| | Social | 0.5 |
| | Language | 0.0 |
| | Cognitive | 1.0 |
| **Family Services** | | |
| Number of families impacted | | 7 |
| Number of individual conferences | | 14 |
| Number attending group meetings | | 9 |
| **Demonstration/Dissemination** | | |
| Visitors: | | 30 |
| Observation/awareness | | 27 |
| In class visit with staff consultation | | 3 |

Contact Person: Marian Siler
Address: Sharpe Health School, 4300 13th Street,N.W., Washington, D.C. 20009
Phone: (202) 576-6161

3. BENEFITS FROM TRAINING ACTIVITIES

Impact through outreach training activities may be evaluated in a number of ways. Sixty-five children have been served by six persons meeting criterion training which is a measure of impact. A measure of appreciation of the quality of training offered by UPSTART outreach is to be found in the decision at the university level to send undergraduates and graduate students into the demonstration and replication site classrooms. Their reactions to information received and experiences were totally favorable. The following agencies granted release time for their students and staff, totalling 51, to attend UPSTART's workshops and training activities; Charles, Calvert, St. Mary's and Prince George's Counties, Maryland, Howard University, George Washington University, Southeast Center, Northwest Center, Anacostia Pre-School, University of District of Columbia and Gallaudet College.

Continued interest by the Washington D.C. Public School site has brought attention to the program within the Public school system; and the PMR staff has become interested in arranging for NDT training for the entire staff of the school.

Through our training effort for Tri-County, Maryland Headstart we received a request for a presentation at the Regional Headstart Conference. We were able to limit participation to twenty-five which allowed for audience participation and processing of the presented materials.

Due to the illness of one our replication site teachers, we were able to work with a long-term substitute who was able to, with the assistance of an already trained aide, implement the SNSP.

Through our day care replication site the Project UPSTART team has been able to work at fitting the SNSP into a regulated extended-day classroom schedule.

4. BENEFITS FROM DEVELOPING PROJECT MATERIALS

A patent has been procured for a position device for severely spastic persons. (page A-17). The number of children who are known to be receiving new/improved services via use of selective materials/components of the model is 134.

The development of an agreement form to be used with the staff of each classroom and when applicable with the administrator of a site enabled us to clarify our roles and the staff roles at a given site. See page A-19.

The development of end of the year questionnaires provided us with written information upon which we could project program needs for the following school year. See page A-23.

New publication of Help Wanted/ Help Received Questionnaire provided an opportunity to include an order form for other materials and an opportunity to recapture a portion of our supply expenditure. See page A-32.

The development of workshop materials regarding the application of sequencing has assisted us in refining (our delivery ability) our conceptualizations of the SNSP and in refining our conveying these concepts to others. See page A-46.

The outreach staff has been modifying its Start-Up Manual, which specifically describes, step by step, the procedure on how to develop the SNSP.

5. BENEFITS FROM INCREASING NATIONAL/STATE/LOCAL AWARENESS

After introductory presentations this year, there have been 2378 various requests for information. A total of 185 visitors have toured the replication and continuation sites. Project UPSTART has had the opportunity to present at the AAMD and CEC Conferences and awaits the publication of presentations given at the Home of the Merciful Saviour, Philadelphia, Pennsylvania. Approximately 125 participants were involved at a national level.

Invitation to participate in the Maryland Outreach Fair which was organized by the Maryland SIG, page A-7.

Invitation by D.C. Public Schools to participate in the development of a booklet for the parents of entering handicapped children.

Visitors from Australia, England, and Africa have observed our program during 1983-1984 and exhibited a great deal of interest in Project UPSTART's Sequenced Neuro-Sensorimotor Program.

6. BENEFITS FROM INCREASING LOCAL/STATE/FEDERAL INVOLVEMENT

A Coordinator/Trainer from Project UPSTART was involved in consulting with other professionals and parents and advocates for the handicapped to the Washington, D.C. Mayor's Committee on the Handicapped. As a result, requests were made to Project UPSTART for information and materials.

The Project Coordinator was involved in the Rural Consortium. She attended the Rural Consortium meeting at the SEP Conference.

Project UPSTART's Director continues to participate in the planning for services for children who have handicapping conditions within the urban and rural areas of Washington, D.C. and surrounding Maryland.

A project Coordinator/Trainer attends monthly meetings of the District of Columbia Association of Independent Special Education Facilities which copes with the interface between public and private facilities at the local state level.

Local involvement in dissemination, consultative, and training activities has underscored the increase in services, equipment and skill-training which are essential to quality service providers of severely and profoundly multi-handicapped very young children.

Project UPSTART participated in the Maryland Outreach Fair which was organized by the Maryland SIG on July 10, 1984 (page A-7).

Project UPSTART has a site in the District of Columbia Public Schools and a day care site funded by the Department of Human Services of the District of Columbia.

Project UPSTART staff were requested by the D.C. Public Schools to assist in the development of a booklet for parents whose pre-school handicapped children were entering the school system.

Project UPSTART cooperated with the D.C. Public Schools by volunteering to assist in the monitoring during the National CEC conference held in D.C. in April, 1984.

7. BENEFITS FROM OTHER ACTIVITIES

1. Publication of the Home of the Merciful Saviour Symposium has been delayed. Project UPSTART will benefit on a national and regional level when it is published.

2. All the outreach staff and many staff from replication and demonstration sites have supported and participated in greater interagency coordination.

3. Project UPSTART staff members worked together to develop its first formal booklet for the Help Wanted/Help Received Questionnaires. This enabled members of the team to gain experience in layout, cover design and considerations of cost. With the inclusion of an order form Project UPSTART will be able to have a greater awareness of who will be using which materials as well as a more extensive mailing list.

4. A patent was procured for a positioning device for severely spastic individuals.

5. Two days of invited consultation by a team member to another school-treatment center for handicapped infants within the Easter Seal organization made it possible to continue and enhance NDT/SI influence on that program.

6. Association with the Montgomery County United Cerebral Palsy Association provided an opportunity to work with an organization which is administered totally by parent volunteers of severely/profoundly handicapped cerebral palsied children.

7. Through Montgomery County UCP, the coordinator was asked to meet with cerebral palsied young adults in order to participate in a discussion of their physical and psycho-social concerns.

8. International and national visitors to the demonstration and replication sites allows Project UPSTART team members and associates opportunities to interpret the SNSP to interested persons of a variety of backgrounds and experiences.

9. The incorporation of a new member into our team allowed Project UPSTART to revise materials and to continue the team approach process with significant carryover.

10. Benefits from being a grantee to a non-profit organization which serves, and has served for many years, children with a wider variety of handicapping conditions are:

- A ready access to the private sector for assistance and interest.
- Already existing networking with other community agencies and universities.
- Existing advisory boards which possess a wide variety of expertise.

## D. TIME LINE - ANTICIPATED AND ACTUAL ACCOMPLISHMENTS

1983 - 1984
TIME LINE
FOURTH YEAR OUTREACH

| ACTIVITIES | 1983 | | | 1984 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JULY | AUG | SEPT |
| Evaluations of parent satisfaction | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | | | |
| Model continuation classrooms offer: Demonstration ( new staff) | | X | X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | | | |
| Training (new staff) | | X | X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | | | |
| Second generation sites offer: Demonstration/Dissemination | | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | | | |
| Write team's Sequenced Neuro-Sensorimotor Program for classrooms-outreach consultation at sites | | 0 X | 0 X | 0 | | | | | | | | |
| Write Childrens's Program Cards-outreach consultation at sites | | 0 X | 0 X | | | | | | | | | |
| Update mid-term review of all training evaluation data | | | | | 0 X | 0 X | | | | | | |
| Final evaluations of children at sites | | | | | | | 0 X | 0 X | 0 X | | | |
| Assist replication and second generation sites in identifying staff prepare for 5th year outreach year | | | | | | | | 0 X | 0 X | 0 X | 0 X | 0 X |
| Compile evaluations for year and analyze data | | | | | | | | 0 X | 0 X | 0 X | 0 X | |
| Write final report (extension) | | | | | | | | | | X | 0 X | 0 |
| Identify all project staff for 5th year | | | | | | | | | | 0 X | 0 X | |
| Pre-service for administrators of sites | | | | | | | | | | X | 0 X | 0 |
| All children evaluated for pre-test data at sites for 5th year outreach year | | | | | | | | | | | | 0 X |
| *(Modifications necessary) | | | | | | | | | | | | |

KEY - X = anticipated time line
0 = achieved dates of accomplishment

1983 - 1984

**TIME LINE**
**FOURTH YEAR OUTREACH**

| ACTIVITIES | 1983 | | | 1984 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JULY | AUG | SEPT |
| Outreach staff meetings | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X |
| Establish interagency liaison, health, transportation, etc. | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X |
| Sites adapt physical environment - outreach consultation | 0 X | | | 0 | | | | | | | 0 X | 0 X |
| Arrange outreach staff transportation | 0 X | | | 0 X | | | | | | | | |
| Assemble training materials | 0 X | 0 X | 0 X | 0 X | | | | | | | | |
| Initial didactic on-site workshops for sites | 0 X | 0 | | | | | | | | | | |
| Write children's Individual Sequenced Plan -outreach consultation | 0 X | 0 X | 0 X | 0 X | | | | | | | | |
| Participation in collaborative meetings, consortia, interagency, local, state, and national level | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X |
| Awareness activities: mailing, newsletters, presentations | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X |
| Use of audio-visual media for counseling, presentations, training, documentation | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X |
| Identify future replication and training sites | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X |
| Outreach provides consultive services | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X |
| "Hands-on" training on site, to classrooms, day-care, and day camp programs | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | X | 0 X |
| Ongoing consultation in behavior management | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | 0 X | X | X | X |
| University student practicums and field-work experience | X | X | X | 0 X | 0 X | 0 X | 0 X | X | X | | | X |

KEY - X = anticipated time line
0 = achieved dates of accomplishment

IV. APENDIX

A. SAMPLE AGENDA FOR TRAINING WORKSHOPS

# PROJECT UPSTART

d.lee walshe, ph.d. project director

THE SEQUENCED NEURO-SENSORIMOTOR PROGRAM
(SNSP)

TRI-COUNTY - HEAD START PROGRAMS
FEBRUARY 3,1984

| | | |
|---|---|---|
| I. | OVERVIEW | JOAN FRAIN |
| II. | HOW CAN WE HELP YOU? | KATHY STAUDAHER/ KAY KINCAID |
| III. | THE LEARNING PROCESS | KAY KINCAID/ KATHY STAUDAHER/ JOAN FRAIN |
| | LUNCH | |
| III. | THE LEARNING PROCESS (continued) | |
| IV. | THE SEQUENCED NEURO-SENSORIMOTOR PROGRAM Slide presentation | JOAN FRAIN |
| V. | QUESTIONS/DISCUSSION | |

Thank you for joining us.....

Please leave your completed evaluation forms.

easter seal society for disabled children and adults, inc. • southeast center
3640 martin luther king, jr. avenue, s.e., washington, d.c. 20032 • 202 563-0410

# PROJECT UPSTART

d.lee walshe, ph.d. project director

THE SEQUENCED NEURO-SENSORIMOTOR PROGRAM
(SNSP)

CHARLES COUNTY - F.B. GWYNN CENTER
NOVEMBER 18, 1983

| | | |
|---|---|---|
| I. | OVERVIEW | Joan Frain |
| II. | INTRODUCTION TO NEURODEVELOPMENTAL THERAPY AND SENSORY INTEGRATION (NDT/SI) | Joan Frain |
| III. | THE IMPACT OF TEAMING WHEN PREPARING THE CHILD FOR LEARNING | Joan Frain |
| | BREAK | |
| IV. | TEAM ROLE PLAY | Kay Kincaid |
| V. | SNSP'S FOR INDIVIDUAL CHILDREN | Kay Kincaid |
| VI. | THE PROGRESSION OF THE SNSP<br>Interweaving adapted NDT/SI therapies with education | Joan Frain/<br>Kay Kincaid |
| VII. | EVALUATION<br>Audio-Slide presentation | Participants |

Thank you for joining us.....

Please leave your completed evaluation forms.

dc society for crippled children • southeast center
3640 martin luther king, jr. avenue, s.e. washington, dc 20032 • 202 563-0410

# PROJECT UPSTART

d. lee walshe, ph.d. project director

AGENDA

"HEALTH PROMOTION IN DAY CARE"

APRIL 7, 1984

DETECTING DEVELOPMENTAL DELAYS

| | | |
|---|---|---|
| I. | DESCRIPTION OF PROJECT UPSTART'S PROGRAM/SLIDE PRESENTAION | JOAN FRAIN |
| II. | A SENSORIMOTOR CHECKLIST FOR DETECTING DEVELOPMENTAL DELAYS | KAY KINCAID |
| III. | A LEARNING EXPERIENCE | KATHY STAUDAHER |
| IV. | WAYS TO MAKE LEARNING EASIER | KAY KINCAID |
| V. | QUESTIONS/DISCUSSION | |

Thank you for joining us.....

Please leave your completed evaluation forms.

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# PROJECT UPSTART

d.lee walshe, ph.d. project director

**SNSP/VESTIBULAR WORKSHOP**
**September 17-18, 1984**

**September 17- Monday A.M.**

| | |
|---|---|
| 9:30-10:00 | Lab. |
| 10.00-11:00 | NDT/SI<br>Vestibular System (gen'l) |
| 11:00 | Break |
| 11:15-12:30 | Continued<br>and Lab- the interrelationships of the senses. |
| 12:30-1:00 | LUNCH |
| 1:00-1:20 | PROJECT UPSTART- Overview |
| 1:20-1:30 | Pretest |
| 1:30-2:15 | Teamwork Lab and discussion |
| 2:15 | Break |
| 2:30-3:30 | Slides |

**September 18-Tuesday**

| | |
|---|---|
| 9:30-10:00 | Lab - Sequencing, what is it? |
| 10:00-11:00 | What do we sequence? What staff are involved in sequencing?<br>What information do we need in order to sequence?<br>How do we prioritize the child's needs or goals? |
| 11:00 | Break |
| 11:15-12:30 | Video tape- Normal Development of First Year |
| 12:30 | LUNCH |
| 1:00-2:00 | Sequencing a child- What comes first? |
| 2:00 | Break |
| 2:10-3:30 | Lab - teams sequencing |

If time permits- Sequencing the classroom- What comes first?

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IV. APPENDIX

B. STATE INVOLVEMENT

## OUTREACH FAIR - STATE PARTICIPATION

The Early Childhood Special Education Outreach Fair, conducted by the Maryland State Department of Education, Division of Special Education in cooperation with The Johns Hopkins University, was held July 10, 1984 on the main campus of the University, Baltimore, Maryland. The primary target audience for the Fair was local school system early childhood special education program administrators and direct service personnel. Non-public school program personnel, along with representatives from other state agencies and organizations were invited to attend for their information.

The purpose of the Outreach Fair was to provide an opportunity for local school system program staff to obtain information related to quality program practices for young handicapped children. A Needs Assessment (Attachment A) was distributed to all county directors of special education during spring, 1984. Through this Needs Assessment specific areas of concern identified by county personnel. Based on responses received, existing HCEEP Outreach projects were identified for appropriateness in relation to stated county program needs. The review process was based on information contained in the 1983-84 HCEEP Directory, phone calls to projects for further detailed information and informal survey of both in-state and out-of-state early childhood special education professionals. Local school system personnel as well as project personnel expressed enthusiasm for the concept of an Outreach Fair. Through additional review of relevant project information, nine HCEEP projects were invited to participate in the Fair.

Project staff were also asked to assure their availability to provide technical assistance if requested by local school systems as a result of the Outreach Fair. Technical Assistance could include staff training in assessment and program design, transition practices, curriculum development and parent involvement. All of these areas, as well as others listed on the Needs Assessment, are consistent with Maryland's Statewide Plan and supportive of Maryland's State Implementation Grant objectives. Provision of actual technical assistance by projects to local school systems would be dependent upon the availability of adequate funding.

A total of fourteen local school systems, four non-public school programs and the Maryland State Department of Health sent representatives to the one day Outreach Fair, In addition, staff from both the Maryland State Department of Education, Division of Special Education and The Johns Hopkins University were present as facilitators for the conference. Evaluation results (a full report will be completed in August, 1984) yielded a rating of 4.3 on a scale of 1-5, with five the highest rating, for the effectiveness of the activity overall. General comments were extremely positive. Comments and suggestions made by participants included:

- Expand to two days; need more time to talk to project personnel

- Include more materials for display

- Good opportunity to mix with other professionals
- Information included in packets was very useful
- Presenters were competent
- Great idea and organization
- Good opportunity to explore a variety of models
- Would be wonderful to see some of programs replicated in the rural counties; please encourage follow-up

Most importantly, requests for technical assistance were generated by local school systems, both rural and urban in nature. Several school systems requested information from more than one project in order to address several areas of concern. The potential for accelerated program development in programs for young handicapped children in Maryland is significant.

IV. APPENDIX

C. CHILD PROGRESS DATA

Room_____

SOUTHEAST
DEMONSTRATION CLASSROOM

LAPS

| Name | Ambul. | Non Ambul. | REEL Pre | REEL Post | GMRD Pre | GMRD Post | HOME Pre | HOME Post | Gross Motor Pre | Gross Motor Post | Fine Motor Pre | Fine Motor Post | Self-Help Pre | Self-Help Post |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **A1 | | X | E. 8<br>R. 7 | E. -<br>R. - | 9-10 | - | | | 11 | - | 10 | - | 14 | - |
| **A2 | X | | 7<br>7 | -<br>- | 8-9 | - | | | 12 | - | 12 | - | 12 | - |
| A3 | X | | 8<br>8 | | 13-15 | | | | 15 | 24 | 10 | 18 | 14 | 30 |
| A4 | X | | 10-11<br>10-11 | | 17-18 | | | | 21 | 36 | 12 | 18 | 18 | 30 |
| A5 | | X | 9<br>9 | | 10-11 | | | | 24 | 26 | 7 | 7 | 9 | 18 |
| A6 | | X | 1<br>1 | | 0-1 | | | | 1 | 5 | 2 | 4 | below 6 | below 6 |
| A7 | X | | 7-9<br>8-10 | | 30-36 | | | | 36 | 36 | 10 | 11 | 15 | 18 |
| A8 | | X | 1<br>1-2 | | 2-3 | | | | 1 | 5 | 2 | 4 | below 6 | below 6 |
| A9 | | X | 33<br>30 | | 9-10 | | | | 9 | 10 | 14 | 33 | 21 | 30 |
| A10 | | X | 18<br>16 | | 11-12 | | | | 15 | 15 | 33 | 33 | 18 | 24 |
| | | | | | | | | | | | | | | |
| AVERAGE GAINS: | | | | | | | | | | 4.4 | | 4.8 | | 6.8 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

**Transferred to Northwest Center Mid-year.



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SOUTHEAST CENTER
DEMONSTRATION CLASSROOM

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L A P S

| | SOCIAL | | LANGUAGE | | COGNITIVE | | HELP WANTED | HELP RECEIVED |
|---|---|---|---|---|---|---|---|---|
| | Pre | Post | Pre | Post | Pre | Post | | |
| **A1 | 10 | - | 10 | - | 10 | - | | |
| **A2 | 12 | - | 5 | - | 10 | - | | |
| A3 | 14 | 24 | 18 | 18 | 11 | 18 | | |
| A4 | 14 | 33 | 12 | 22 | 12 | 18 | | |
| A5 | 18 | 33 | 8 | 12 | 6 | 10 | | |
| A6 | Newborn | 4 | 1 | 4 | 1 | 4 | | |
| A7 | 11 | 15 | 15 | 15 | 12 | 13 | | |
| A8 | Newborn | 4 | 1 | 4 | 1 | 4 | | |
| A9 | 36 | 42 | 36 | 54 | 30 | 36 | | |
| A10 | 14 | 18 | 15 | 21 | 24 | 24 | | |
| | | | | | | | | |
| AVERAGE GAINS: | | 8.0 | | 5.5 | | 3.8 | | |

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Room_____

SOUTHEAST
DEMONSTRATION CLASSROOM

CAPS

| Name | Ambul. | Non Ambul. | REEL Pre | REEL Post | GMRD Pre | GMRD Post | HOME Pre | HOME Post | Gross Motor Pre | Gross Motor Post | Fine Motor Pre | Fine Motor Post | Self-Help Pre | Self-Help Post |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B1 | X | | E.9-10 R.9-10 | E. R. | 15-17 | | | | 21 | 21 | 14 | 18 | 17 | 24 |
| B2 | X | | 20 20 | | 30-36 | | | | 30 | 36 | 18 | 33 | 21 | 44 |
| B3 | X | | 20 20 | | 21-24 | | | | 36 | 54 | 24 | 36 | 30 | 44 |
| B4 | | X | 5 5 | | 10-11 | | | | 9 | 12 | 10 | 10 | 14 | 14 |
| B5 | X | | 18 16 | | 15-18 | | | | 36 | 36 | 18 | 24 | 22 | 33 |
| B6 | X | | 48 36-42 | | 59-60 | | | | 36 | 60 | 36 | 60 | 60 | .72 |
| B7 | X | | 7-8 10-11 | | 21-24 | | | | 21 | 36 | 14 | 18 | 12 | 24 |
| B8 | | X | 5 5 | | 0-1 | | | | 1 | 1 | 1 | 1 | 4 | below 6 |
| B9 | X | | 27 24 | | 32-36 | | | | 36 | 36 | 30 | 33 | 30 | 44 |
| | | | | | | | | | | | | | | |
| AVERAGE GAINS: | | | | | | | | | | 7.3 | | 7.5 | | 10.4 |

SOUTHEAST CENTER
DEMONSTRATION CLASSROOM

L A P S

| | SOCIAL | | LANGUAGE | | COGNITIVE | | HELP WANTED | HELP RECEIVED |
|---|---|---|---|---|---|---|---|---|
| | Pre | Post | Pre | Post | Pre | Post | | |
| B1 | 18 | 24 | 18 | 24 | 21 | 21 | | |
| B2 | 36 | 36 | 18 | 24 | 24 | 33 | | |
| B3 | 36 | 48 | 30 | 36 | 24 | 36 | | |
| B4 | 12 | 15 | 8 | 6 | 6 | 8 | | |
| B5 | 36 | 36 | 21 | 24 | 18 | 24 | | |
| B6 | 36 | 72 | 36 | 60 | 36 | 60 | | |
| B7 | 18 | 36 | 9-12 | 19 | 14 | 21 | | |
| B8 | 4 | 7 | 3 | 6 | 4 | 7 | | |
| B9 | 36 | 48 | 33 | 36 | 30 | 30 | | |
| AVERAGE GAINS: | | 9.1 | | 6.4 | | 7.0 | | |

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Site Location D.C. PUBLIC SCHOOLS
SHARP HEALTH SCHOOL

LAPS

| NAME | AMBUL | NON AMBUL | GROSS MOTOR PRE | GROSS MOTOR POST | FINE MOTOR PRE | FINE MOTOR POST | SELF HELP PRE | SELF HELP POST | SOCIAL PRE | SOCIAL POST | LANGUAGE PRE | LANGUAGE POST | COGNITIVE PRE | COGNITIVE POST |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C1 | | X | 4 | 4 | 2 | 3 | 1 | 2 | 2 | 3 | 5 | 6 | 5 | 5 |
| C2 | | X | 6 | 6 | 4 | 6 | 3 | 3 | 7 | 9 | 5 | 5 | 5 | 5 |
| C3 | | X | 5 | 5 | 2 | 3 | 2 | 3 | 2 | 3 | 1 | 1 | 2 | 2 |
| C4 | | X | 21 | 24 | 18 | 20 | 36-40 | 36-48 | 24 | 24 | 12 | 14 | 18 | 20 |
| | | | | | | | | | | | | | | |
| AVERAGE GAINS: | | | | 0.8 | | 1.5 | | 1.5 | | 1.0 | | 0.8 | | 0.5 |
| | | | | | | | | | | | | | | |
| F1 | | X | 2 | 2 | 5 | 5 | 5 | 5 | 18 | 18 | 9 | 10 | 11 | 11 |
| F2 | | X | 12 | 10 | 5 | 4 | 5 | 6 | 9 | 7 | 9 | 4 | 5 | 3 |
| F3 | | X | 13 | 13 | 18 | 18 | 17 | 17 | 18 | 24 | 11 | 15 | 24 | 24 |
| F4 | | X | 11 | 11 | 11 | 12 | 18 | 18 | 21 | 21 | 9 | 9 | 15 | 15 |
| F5 | | X | 3 | 3 | 2 | 2 | 5 | 5 | 9 | 9 | 6 | 6 | 3 | 4 |
| F6 | | X | 2 | 3 | 2 | 2 | 3 | 3 | 6 | 6 | 2 | 2 | 1 | 3 |
| F7 | | X | 2 | 2 | 1 | 1 | 5 | 5 | 3 | 3 | 3 | 3 | 2 | 3 |
| | | | | | | | | | | | | | | |
| AVERAGE GAINS: | | | | -0.1 | | 0.1 | | 0.1 | | 0.5 | | 0 | | 1.0 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

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Site Location CHARLES COUNTY PUBLIC SCHOOLS
F.B. GWYNN CENTER

LAPS

| NAME | AMBUL | NON AMBUL | GROSS MOTOR PRE | GROSS MOTOR POST | FINE MOTOR PRE | FINE MOTOR POST | SELF HELP PRE | SELF HELP POST | SOCIAL PRE | SOCIAL POST | LANGUAGE PRE | LANGUAGE POST | COGNITIVE PRE | COGNITIVE POST |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D1 | | X | 13 | - | 21 | - | 18-24 | - | 18-24 | - | 21-24 | - | 21-24 | - |
| D2 | X | | 11 | 11 | 8-9 | 8-9 | 10 | 18 | 5-11 | 9 | 5-7 | 10 | 12 | 6-12 |
| D3 | X | | 12 | 12 | 2 | 3 | * | * | 1-2 | 12 | 12 | 14 | * | 9 |
| D4 | X | | 48 | 36-48 | 30-35 | 36-48 | 30-35 | 36-48 | 36-48 | 36-48 | 14 | 30-36 | 18-20 | 30-36 |
| D5 | X | | 11-12 | 20-24 | 16-17 | 36-48 | 18 | 36 | 20 | 36 | 16-17 | 30-36 | 20 | 36 |
| D6 | X | | 31 | 36 | 27 | 36 | 34 | 30-36 | 33 | 36 | 26 | 30-36 | 26 | 30-36 |
| D7 | X | | 14 | 36-48 | 14-18 | 30-36 | 30-35 | 36 | 36-48 | 36-48 | 24 | 30-6 | 18-24 | 36 |
| | | | | | | | | | | | | | | |
| AVERAGE GAINS: | | | | 4.5 | | 10.8 | | 6.3 | | 5.1 | | 9.6 | | 11.2 |
| | | | | | | | | | | | | | | |
| E1 | | X | 7 | 7 | 5 | 5 | 6 | 9 | 3 | 3 | 4 | 5 | 4 | 4 |
| E2 | | X | 9 | 9 | 6 | 6 | 6 | 6 | 4 | 4 | 3 | 4 | 4 | 4 |
| E3 | | X | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 3 | 3 |
| E4 | | X | 3 | 3 | 4 | 4 | 3 | 3 | 4 | 4 | 3 | 5 | 3 | 4 |
| E5 | | X | 6 | 8 | 4 | 4 | 3 | 3 | 3 | 4 | 8 | 8 | 4 | 4 |
| E6 | | X | 1 | 1 | 1 | 1 | 2 | 4 | 2 | 2 | 3 | 3 | 2 | 2 |
| E7 | | X | 9 | 9 | 8 | 8 | 7 | 8 | 8 | 8 | 7 | 7 | 7 | 7 |
| | | | | | | | | | | | | | | |
| AVERAGE GAINS: | | | | 0.4 | | 0 | | 0.4 | | 0.3 | | 0.6 | | 0.77 |

*Not testable

IV. APPENDIX

D. PATENT

# United States Patent [19]

**Frain**

[11] **4,453,540**

[45] **Jun. 12, 1984**


[54] **POSITIONING STRUCTURE FOR HANDICAPPED PERSON**


[75] Inventor: **Joan M. Frain**, Arlington, Va.

[73] Assignee: **D.C. Society for Crippled Children, Inc.**, Washington, D.C.



[21] Appl. No.: **430,958**

[22] Filed: **Sep. 30, 1982**

[51] **Int. Cl.**³ ..... **A61F 13/00**

[52] **U.S. Cl.** ..... **128/134**; 269/328

[58] **Field of Search** ..... 128/134, 83, 87, 69; 269/328; 5/81 R, 81 B, 82 R, 93



[56] **References Cited**

U.S. PATENT DOCUMENTS

| | | | |
|---|---|---|---|
| 3,729,752 | 5/1973 | Huggins | 128/134 |
| 3,854,156 | 12/1974 | Williams | 128/134 |
| 4,301,791 | 11/1981 | Franco | 128/134 |



*Primary Examiner*—John D. Yasko

*Attorney, Agent, or Firm*—Raymond N. Baker



[57] **ABSTRACT**

Custodial protective structure for severely handicapped children subject to involuntary spastic responses is disclosed. A body support, formed from an elastically resilient material such as foamed rubber or vinyl, provides a body mold cavity establishing relaxed positional support and provides limited yielding in the event of seizure. A stabilizer holds the body support to limit longitudinal yielding and prevent asymmetric twisting of the body support while allowing access for handling and therapy; the stabilizer framework facilitates canting of the structure or mounting for swinging movement.


**4 Claims, 7 Drawing Figures**

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IV. APPENDIX

E. SITE AGREEMENT

UPSTART Service Agreement - pg. 3

D. Agreement for Services:

1. Schedule _____ (number) visits per month (renegotiable _____ (date)).

2. Visits begin _____ (month) and end _____ (month).

3. Initial visits will involve _____ (number) day(s) for observation on _____ (dates) and _____ (number) day(s) for hands-on training to be carried out on _____ (dates).

4. Children addressed during the initial visits are:

_____ (children's names) on _____ (date)

_____ (children's names) on _____ (date)

_____ (children's names) on _____ (date)

_____ (children's names) on _____ (date)

5. Pre scores using the _____ (instrument(s)) are to be submitted by _____ (date).

6. Post scores are to be submitted by _____ (date).

7. Components to be addressed are _____.

8. Individual sequences for _____ (component(s)) to be completed by _____ (date).

= Individual sequences for _____ (component(s)) to be completed by _____ (date).

= Individual sequences for _____ (component(s)) to be completed by _____ (date).

UPSTART Service Agreement - pg. 4

D. Agreement for Services (cont.):

9. Group sequences for _____ (component(s)) to be completed by _____ (date).

=Group sequences for _____ (component(s)) to be completed by _____ (date).

=Group sequences for _____ (component(s)) to be completed by _____ (date).

10. Observation days for _____ (sequencing, handling, refinement, or specific area)

will occur _____ (dates). (negot. at later date)

=Observation days for _____ (sequencing, handling, refinement, or specific area)

will occur _____ (dates). (negot. at later date)

=Observation days for _____ (sequencing, handling, refinement, or specific area)

will occur _____ (dates). (negot. at later date)

=Observation days for _____ (sequencing, handling, refinement , or specific area)

will occur _____ (dates). (negot. at later date)

11. Help Wanted questionnaire scoring is to be submitted by _____ (date).

12. Help Received questionnaire scoring is to be submitted by _____ (date).

13. On the day of the site visit, _____ (amt. of time) will be set aside during _____ for feedback between Project UPSTART and the staff at the site.

UPSTART Service Agreement - pg. 5

Project UPSTART and _____ school have mutually agreed to work on the following goals for the 1984-85 school year:

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

AGREEMENT PARTICIPANTS

| | Name (Print) | Position | Signature |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

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# IV. APPENDIX

## F. END OF YEAR QUESTIONNAIRES

# PROJECT UPSTART

d.lee walshe, ph.d. project director

ADMINISTRATOR:

Please submit separate evaluations for each class.

1. How can the Sequenced Neuro-Sensorimotor Program be incorporated in daycare/demonstration classroom?

2. How frequently did you observe sequencing in the classroom?

3. What delivery style seems best or what do your see as being needed?

4. What would you like to see Project UPSTART accomplish next year (1984-85) with your program?

5. What type of feedback have your received from staff?

6. Was the Sequenced Neuro-Sensorimotor Program effective? Why/why not? Which components?

7. Further comments or suggestions.

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Easter Seal Society For Disabled Children and Adults, Inc.
Southeast Center
3640 Martin Luther King, Jr. Ave., S.E.
Washington, D.C. 20032

Project UpStart DayCare Questionnaire

1. Use the SNSP as a control intervention variable and release the children to "normal" play at other periods. Develop own test for effectiveness.

2. Did not keep track.

3. Hands-on, since the staff seemed to desire and enjoy this. Follow-up with team discussion.

4. a) Concentrating on and addressing the skills of sequencing; and on being a resource for those skills;

   b) Documenting the guidelines which Proj. Upstart staff verbalize from time to time;

   c) Develop written manual for SNSP.

5. Both positive and negative.

6. Have not examined scores; however, its plusses, and be visibly seen in staff handling and in the fact that each child gets touched.

7. None



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# PROJECT UPSTART

d.lee walshe, ph.d. project director

STAFF:

1. What did you initially expect Project UPSTART to accomplish in your class? What did you see happen once the program got started?
2. What components of the Sequenced Neuro-Sensorimotor Program were addressed by the Project UPSTART team in your classroom?
3. Were components explained clearly?
4. What is your general understanding of the Sequenced Neuro-Sensorimotor Program?
5. Was the amount of input sufficient? Explain.
6. Were there areas in which you needed more input? If yes, state area(s) and explain.
7. Did you request additional assistance in the above areas?
8. Did you receive additional assistance in areas requested?
9. How well does the Sequenced Neuro-Sensorimotor Program fit into your classroom?
10. Which parts of the Sequenced Neuro-Sensorimotor Program were most beneficial?
11. Was the level of activities suggested appropriate to your population? In what way?
12. Explain which suggestions you were/were not able to carry over and why?
13. How many sequences were written for children in your class?
14. How were you able to utilize the written sequence in actual practice?
15. How did the Project UPSTART team interact with staff and children?

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STAFF: (CONTINUED)

16. Were the monthly visits beneficial and productive (refer to how time was used, need for more or less time or days)?

17. How do your feel about what was accomplished this year? (1983-84)

18. What additional type of information would be helpful, i.e., handouts, workshops, etc.?

19 What do you see as the focus or goal for the next school year?

20. What suggestions or ideas do you have that would make the program easier for you to carry out?

21. Do you feel you have enough 'hands' to effectively carry out the Sequenced Neuro-Sensorimotor Program? If no, explain why.

22. What is the best method to insure carryover, i.e., Project UPSTART assists each staff member directly or by teaching teacher, or therapists and they pass on information to other staff members? Explain.

Response to Questionnaire
September 30,1984
Jane Marie Larivee
F. B. Gwynn Center

1. Back in '81, when I was first approached about Project UPSTART,, I was looking for a new system of dealing with the severely/profoundly multiply handicapped. Your program seemed to help incoporate various theories into a workable ideal. Once the program got started, I realized a nice side effect: a support system.

2. All components of the Sequenced Neuro-Sensorimotor Program were addressed initially. During the 83-84 year, more emphasis was placed on the SI aspects since this was were I needed help.

3. The "components" were not all that new to me. Therefore any explanation was sufficient. The organization of these components made sense to me right away.

4. Very simplified, the SNSP is a method of organizing your day. It addresses the children at their levels and gradually makes increasing demands on them, both motorically and cognitively. Also important is the input from both SI and NDT.

5. Initially, the amount of input was sufficient. Time was taken to assist in working up sequences for each student. And activities were demonstrated. Last year, I could have used more help. I was harder for me to incorporate the SNSP approach in a more "academic"setting.

6. I felt all areas were addressed as the need arose. Even though we only had limited time last year, the sensory areas that I felt most unsure in were those addressed.

7 and 8. With the limited input last year, it was difficult to do any "fine tuning". But, for the most part, my needs were met.

9. With a pre-school group, I had some trouble incorporating the SNSP approach. Part of this was due to a lack of "hands". Part of it was because I am definitely more comfortable with this approach for the SPH population.

10. The sensory aspects were most beneficial in working with the pre-school group last year. It is easy to forget this part when your goals are more academically oriented.

11. The levels of suggested activity have been appropriate. In part, this comes from the "hands on" system of your support.

12. I can't think of any suggestions that were not able to be carried out. The activities with the hammock were the most helpfeul. I was able to incorporate color recognition and lots of language into this sensory experience.

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13. I only wrote out a general sequence as a daily schedule. Some specifics were included for each child.

14. This genral "outline" helped keep the spirit of the program in our activities. It was often difficult to follow a sequence through since the children were removed for various herapies.

15. The Project UPSTART team bled into the classroom. This is to say that there was a general give and take of ideas without greatly disrupting classroom routine. Unfortunately, last year there was little time for "adults only" interaction.

16. More time is needed for both teams to talk together, especially in the begining. But the "hands on" aspect is definitely the most productive.

17. I feel good about what was accomplished in the 83-84 school year. Thanks to the input from Project UPSTART, I feel that I was able to address the needs of the "whole child".

18. I've always felt we could use more workshops. Especially now, as we have so many new teachers in pre-school and so few therapists. I know there would be some interest in an SI workshop, especially if it did not stress theory!

19. My goals for this year are difficult to state at this time. I would definitely like to continue with the SNSP approach.

20 and 21. One major problem is a lack of "hands". We hwve two adults and six children. Somehow we just can't seem to get anything done. With two meals a day and postural drainage it is often difficult to work effectively with all the children.

22. All things considered, I feel the best approach is for the Project UPSTART team to assist each staff member directly. This may not be the most efficient method. But it does avoid any feelings of ill-will. We are trying to avoid treating the assistants as "second-class" citizens. By working primarily with the teacher, you would be fostering this kind of attitude.

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# PROJECT UPSTART

d.lee walshe, ph.d. project director

STAFF: AIDES/ASSISTANTS

1. What did you initially expect Project UPSTART to accomplish in your class?
2. Was that what you saw once the program got started?
3. Were there areas in which you needed more input?
4. If yes, state area and explain.
5. Were the purpose and techniques explained and demonstrated clearly?
6. Explain which suggestions you were/were not able to carry over and why.
7. Was the level of activities suggested appropriate to your population?
8. Were the monthly visits beneficial and productive (refer to how was time used; need for more/less)?
9. Did you assist the teacher in developing the sequences (making suggestions or assisting in writing up)? How many?
10. Were you able to put these sequences into actual practice?
11. What additional type of information would be helpful; i.e., handouts, workshops?
12. From whom did you receive most of your input? Project UPSTART or fellow staff?
13. What is the best method to ensure carryover; Project UPSTART work directly with each staff person or work with teacher or therapist and they pass on information?
14. Do you feel you have enough 'hands' to effectively carry out the Sequenced Neuro-Sensorimotor Program? If no, explain why.
15. What suggestions or ideas do you have that would make the program easier for you to carry out?

easter seal society for disabled children and adults, inc. • southeast center
3640 martin luther king, jr. avenue, s.e., washington, d.c. 20032 • 202 563-0410



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# PROJECT UPSTART

dee walsh, ph.d. project director

STAFF: AIDES/ASSISTANTS

1. What did you initially expect Project UPSTART to accomplish in your class?
1. Positioning, handling, sequencing, and ways to involve all children
2. Was that what you saw once the program got started?
3. Were there areas in which you needed more input?
yes
4. If yes, state area and explain.
5. Were the purpose and techniques explained and demonstrated clearly?
not really
6. Explain which suggestions you were/were not able to carry over and why.
7. Was the level of activity suggested appropriate for your population?
8. Were the monthly visits beneficial and productive (refer to how was time used; need for more/less)?
9. Did you ask for the teacher in developing the sequences (making suggestions or assisting in writing up)? How many?
n/a
10. Were you able to put these sequences into actual practice?
n/a
11. What additional type of information would be helpful; i.e., handouts, workshops?
more ~~input~~ detailed meeting
12. From whom did you receive most of your input? Project UPSTART or fellow staff?
both
13. What is the best method to ensure carryover; Project UPSTART work directly with each staff person or work with teacher or therapist and they pass on information?
all the above
14. Do you feel you have enough 'hands' to effectively carry out the Sequenced Neuro-Sensorimotor Program? If no, explain why..
not always
15. What suggestions or ideas do you have that would make the program easier for you to carry out?
More hands on WORKSHOPS, DEMONSTRATORS

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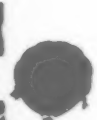
IV. APPENDIX

G. NEW PUBLICATION - HELP WANTED/HELP RECEIVED QUESTIONNAIRE

# HELP WANTED/HELP RECEIVED QUESTIONNAIRE



PROJECT UPSTART *easter seal society for disabled children and adults, inc. • washington, d.c. 20032 • 202 563-0410*

Project Upstart
Easter Seal Society for Disabled Children and Adults, Inc.
Washington, D.C. 20009

U.S. Department of Education
Office of Special Education and Rehabilitative Services
Handicapped Children's Early Education Program
Washington, D.C. 20202

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| SOCIAL DEVELOPMENT<br>Parent and Child (continued) | SATISFIED-WAS HELPED IN THIS AREA. PLEASE STATE HOW HOW YOU WERE HELPED. | SOMEWHAT HELPED-BUT MORE HELP WAS NEEDED IN THIS AREA. PLEASE STATE IN WHAT WAY WE COULD HAVE BETTER HELPED YOU. | NO HELP WAS RECEIVED IN THIS AREA. WHAT IS THE REASON YOU WERE NOT HELPED. |
|---|---|---|---|
| 10. How to help him really play with other children. | | | |
| 11. Help with my relatives--relationships with my child, including child's brothers and/or sister. | | | |

ADDITIONAL AREAS IN WHICH YOU RECEIVED HELP OR NEEDED HELP

1. _____

2. _____

3. _____

4. _____

5. _____

| SOCIAL DEVELOPMENT<br>Parent and Child (continued) | SATISFIED-WAS HELPED IN THIS AREA. PLEASE STATE HOW YOU WERE HELPED. | SOMEWHAT HELPED-BUT MORE HELP WAS NEEDED IN THIS AREA. PLEASE STATE IN WHAT WAY WE COULD HAVE BETTER HELPED YOU. | NO HELP RECEIVED IN THIS AREA. WHAT IS THE REASON YOU WERE NOT HELPED. |
|---|---|---|---|
| 2. How to feel more at ease with my child | | | |
| 3. Help in finding out who to talk to about any unhappiness I feel in regard to my child. | | | |
| 4. How to meet other parents who are going through the same problems with a handicapped child. | | | |
| 5. Help in learning at just what are level my child is performing (how far behind is he in talking, crawling, walking, etc.). | | | |
| 6. How to get him to demand attention for what he needs (other than crying). | | | |
| 7. How can I help my child learn to play. | | | |
| 8. What toys to get my child. | | | |
| 9. How to help him enjoy the company of other children. | | | |

This material was produced under grant numbers G007701812 and G008202872 from the Office of Special Education and Rehabilitative Service, U.S. Department of Education.

The opinions expressed herein do not necessarily reflect the position or policy of the U.S. Department of Education, and no official endorsement by the U.S. Department of Education should be inferred.

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FOREWORD

Project UPSTART is funded jointly by the U.S. Department of Education and Easter Seal Society for Disabled Children and Adults, Inc. The first three years of funding were spent in the development of a program for severe/profoundly handicapped, 0 to 4.

This program was developed at the D.C. Society for Crippled Children whose name has since been changed to Easter Seal Society for Disabled Children and Adults, Inc.

Currently Project UPSTART is in its outreach phase and therefore emphasizes the establishment of replication sites, consultation to sites, development of materials, and the presentation of national and local awareness workshops.

For additional information please contact:

D. Lee Walshe, Ph.D., Director
(301) 589-8727
Joan Frain, O.T.R., Coordinator
(202) 563-0410

| LANGUAGE DEVELOPMENT (CONTINUED) | SATISFIED-WAS HELPED IN THIS AREA. PLEASE STATE HOW YOU WERE HELPED. | SOMEWHAT HELPED-BUT MORE HELP WAS NEEDED IN THIS AREA. PLEASE STATE IN WHAT WAY WE COULD HAVE BETTER HELPED YOU. | NO HELP RECEIVED IN THIS AREA. WHAT IS THE REASON YOU WERE NOT HELPED. |
|---|---|---|---|
| 15. Help him say a word after me. | | | |
| 16. Help him learn to point to his own nose, eyes, etc. | | | |
| 17. Help him learn to name one object, than others. | | | |
| 18. Help him learn to identify pictures in a book. | | | |
| 19. Help him learn to name one part of a doll, then other parts. | | | |
| 20. Help him learn to name one picture, then others. | | | |
| 21. Help him learn to say a two-word sentence. | | | |
| SOCIAL DEVELOPMENT<br>Parent and Child<br>1. Help in learning how to get more response from my child to what I do for him ---------- | | | |

SAMPLE

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| LANGUAGE DEVELOPMENT (CONTINUED) | SATISFIED-WAS HELPED IN THIS AREA. PLEASE STATE HOW YOU WERE HELPED. | SOMEWHAT HELPED-BUT MORE HELP WAS NEEDED IN THIS AREA. PLEASE STATE IN WHAT WAY WE COULD HAVE BETTER HELPED YOU. | NO HELP RECEIVED IN THIS AREA. WHAT IS THE REASON YOU WERE NOT HELPED. |
|---|---|---|---|
| 6. Help him to recognize family members. | | | |
| 7. Help him turn eyes toward a sound. | | | |
| 8. Help him learn to play peek-a-boo than pat-a-cake. | | | |
| 9. Help him learn to say "ma-ma" or "da-da". | | | |
| 10. Help him to learn to respond to his own name. | | | |
| 11. Help him to do one thing I ask him as "where is the light?". | | | |
| 12. Help him learn to look at pictures in a book. | | | |
| 13. Help him learn to stop when I say "no". | | | |
| 14. Help him learn to call attention to himself by being cute (like after you laugh at him ). | | | |

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## INTRODUCTION

The Help Wanted/Help Received Questionnaires were our response to a need for a tool for the measurement of our effectiveness with parents and primary caregivers of the children in our program. Through the years these continue to be our most requested publications.

The questionnaires may be presented to parents for their completion and return or may be facilitated by staff persons or other family members. These questionnaires may also be presented to a parent group with the completed forms collected at the close of the meeting.

The Help Wanted questionnaire is organized so that the parent/primary caretaker is presented with a variety of statements which he/she may designate as areas of need and specify with detail comment.

At the end of the school year, items for which parents requested assistance are circled in red on the Help Received questionnaire. This may be presented in the same manner used with the Help Wanted questionnaire or at a group meeting the parents may be given the questionnaire to complete at home privately and to return in a preaddressed, stamped envelope.

We have found that these questionnaires are helpful in the initial development of advocacy training and experience for the parents and primary caregivers of multihandicapped children.

| BATHING AND HYGIENE | SATISFIED-WAS HELPED IN THIS AREA. PLEASE STATE HOW YOU WERE HELPED. | SOMEWHAT HELPED-BUT MORE HELP WAS NEEDED IN THIS AREA. PLEASE STATE IN WHAT WAY WE COULD HAVE BETTER HELPED YOU. | NO HELP WAS RECEIVED IN THIS AREA. WHAT IS THE REASON YOU WERE NOT HELPED. |
|---|---|---|---|
| 1. How to sponge bathe my child. | | | |
| 2. Help with bathing my child in small tub or sink. | | | |
| 3. How to bathe child in large tub. | | | |
| 4. How to keep his teeth clean. | | | |
| 5. Other problems. | | | |
| LANGUAGE DEVELOPMENT | | | |
| 1. Help him listen to sounds. | | | |
| 2. Help him learn to look at things and persons. | | | |
| 3. Help him listen to my voice. | | | |
| 4. Help him learn to smile, then laugh. | | | |
| 5 Help him learn to make sounds. | | | |

SAMPLE



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| SLEEP (CONTINUED) | SATISFIED-WAS HELPED IN THIS AREA. PLEASE STATE HOW YOU WERE HELPED. | SOMEWHAT HELPED-BUT MORE HELP WAS NEEDED IN THIS AREA. PLEASE STATE IN WHAT WAY WE COULD HAVE BETTER HELPED YOU. | NO HELP WAS RECEIVED IN THIS AREA. WHAT IS THE REASON YOU WERE NOT HELPED. |
|---|---|---|---|
| 2. Any habits that my child has as rocking, head banging. | | | |
| 3. Where my child should sleep. | | | |
| **FEEDING** | | | |
| 1. Help me find the best way to give my child liquids. | | | |
| 2. Help with use of special or regular cup. | | | |
| 3. Help me position him while drinking. | | | |
| 4. Help me with baby food. | | | |
| 5. Help me with table food. | | | |
| 6. Help me position him while eating on lap, special or regular chair. | | | |

SAMPLES

OF

HELP WANTED/HELP RECEIVED QUESTIONNAIRE

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PARENT "HELP WANTED" QUESTIONNAIRE

PROJECT UPSTART
Easter Seal Society For Disabled
Children and Adults, Inc.
2800 - 13th Street, N.W.
Washington, D.C. 20009

All Rights Reserved
(202) 232-2342

I WOULD LIKE HELP WITH THE FOLLOWING THIS YEAR.
PLEASE CHECK THE RIGHT COLUMN AND WRITE COMMENTS
IF YOU WOULD LIKE TO

Parent's Name: _____

Child's Name: _____

Date: _____

| MOTOR DEVELOPMENT (MOVING AROUND) Positioning | WOULD NOT EXPECT to ... this ... THIS YEAR | DON'T HAVE THIS PROBLEM | WOULD LIKE HELP | BABY SITTER would like help | ALREADY KNOW what to do |
|---|---|---|---|---|---|
| 1. Help in learning whether or place my child in a certain position on the floor. | | | | | |
| 2. How to place my child in a certain position in his crib or bed. | | | | | |
| 3. How to place my child in a certain position on my lap. | | | | | |
| 4. How to carry my child in a certain Position. | | | | | |

| MOTOR DEVELOPMENT (MOVING AROUND) Positioning (continued) | SATISFIED-WAS HELPED IN THIS AREA. PLEASE STATE HOW YOU WERE HELPED. | SOMEWHAT HELPED-BUT MORE HELP WAS NEEDED IN THIS AREA. PLEASED STATE IN WHAT WAY WE COULD HAVE BETTER HELPED YOU. | NO HELP WAS RECEIVED IN THIS AREA. WHAT IS THE REASON YOU WERE NOT HELPED. |
|---|---|---|---|
| 4. How to carry my child in a certain position. | | | |
| 5. How to lift my child. | | | |
| Moving 1. Help in learning what I should expect from my child in moving his head, arms, legs, or body. | | | |
| 2. How to encourage correct head movement. | | | |
| 3. How to encourage correct arm movement. | | | |
| 4. How to encourage correct use of legs. | | | |
| 5. How to encourage correct trunk (body) movement. | | | |
| SLEEP 1. help in getting my child to sleep at night. | | | |

SAMPLE

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# PARENT'S "HELP RECEIVED" QUESTIONNAIRE

PROJECT UPSTART
Easter Seal Society For Disabled
Children and Adults, Inc.
2800 - 13th Street, N.W.
Washington, D.C. 20009

All Rights Reserved
(202) 232-2342

Parent's Name:_____

Child's Name:_____

Date:_____

THE ITEMS CIRCLED IN RED ARE THE AREAS IN WHICH YOU PREVIOUSLY EXPRESSED A DESIRE FOR HELP. PLEASE PLACE A CHECK TO WHETHER YOU WERE HELPED, WERE NOT HELPED OR NEEDED MORE HELP. Feel free to write comments if you wish to. If problems, other than those circled, occurred during the year, please answer for these also. AT THE END, PLEASE WRITE IN ANY PROBLEM AREAS YOU THINK SHOULD BE ON THIS LIST THAT HAVE BEEN OVERLOOKED ON THIS QUESTIONNAIRE.

| MOTOR DEVELOPMENT (MOVING AROUND) | SATISFIED-WAS HELPED IN THIS AREA. PLEASE STATE HOW YOU WERE HELPED. | SOMEWHAT HELPED-BUT MORE HELP WAS NEEDED IN THIS AREA. PLEASE STATE IN WHAT WAY WE COULD HAVE BETTER HELPED YOU. | NO HELP WAS RECEIVED IN THIS AREA. WHAT IS THE REASON YOU WERE NOT HELPED. |
|---|---|---|---|
| **Positioning** | | | |
| 1. Help in learning whether to place my child in a certain position on the floor. | | | |
| 2. How to place my child in a certain position in his crib or bed. | | | |
| 3. How to place my child in a certain position on my lap. | | | |

| MOTOR DEVELOPMENT (CONTINUED) | WOULD NOT EXPECT to get this far THIS YEAR | DON'T HAVE THIS PROBLEM | WOULD LIKE HELP | BABY SITTER would like help | ALREADY KNOW what to do |
|---|---|---|---|---|---|
| **Positioning** | | | | | |
| 5. How to lift my child. | | | | | |
| **Moving** | | | | | |
| 1. Help in learning what I should expect from my child in moving his head, arms, legs or body. | | | | | |
| 2. How to encourage correct head movement. | | | | | |
| 3. How to encourage correct arm movement. | | | | | |
| 4. How to encourage correct use of legs. | | | | | |
| 5. How to encourage correct trunk (body) movement. | | | | | |
| **Sleep** | | | | | |
| 1. Help in getting my child to sleep at night. | | | | | |

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| | WOULD NOT EXPECT to get this for THIS YEAR | DONT'T HAVE THIS PROBLEM | WOULD LIKE HELP | BABY SITTER would like like | ALREADY KNOW what to do |
|---|---|---|---|---|---|
| **Sleep** | | | | | |
| 2. Any habits that my child has as rocking, head banging. | | | | | |
| 3. Where my child should sleep. | | | | | |
| **Feeding** | | | | | |
| 1. Help me find the best way to give my child liquids. | | | | | |
| 2. Help with use of special or regular cup. | | | | | |
| 3. Help Me position him while drinking. | | | | | |
| 4. Help me with baby food. | | | | | |
| 5. Help me with table food. | | | | | |
| 6. Help me position him while eating on lap, special or regular chair. | | | | | |

| SOCIAL DEVELOPMENT (CONTINUED) | WOULD NOT EXPECT to get this far THIS YEAR | DON'T HAVE THIS PROBLEM | WOULD LIKE HELP | BABY SITTER would like help | ALREADY KNOW what to do |
|---|---|---|---|---|---|
| **Parent and child** | | | | | |
| 4. How to meet other parents who are going through the same problems with a handicapped child. | | | | | |
| 5. Help in learning at just what age level my child is performing (how far behind is he in talking, crawling, walking, etc. ). | | | | | |
| 6. How to get him to demand attention for what he needs (other than crying). | | | | | |
| 7. How can I help my child learn to play. | | | | | |
| 8. What toys to get for my child. | | | | | |
| 9. How to help him enjoy the company of other children. | | | | | |
| 10. How to help him really play with other children. | | | | | |
| 11. Help with my relatives - relationships with my children, including child's brothers and/or sisters. | | | | | |

SAMPLE

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| LANGUAGE DEVELOPMENT (CONTINUED) | WOULD NOT EXPECT to get this far THIS YEAR | DON'T HAVE THIS PROBLEM | WOULD LIKE HELP | BABY SITTER would like help | ALREADY KNOW what to do |
|---|---|---|---|---|---|
| 19. Help him learn to point to one part of a doll, then other parts. | | | | | |
| 20. Help him learn to name one picture, then others. | | | | | |
| 21. Help him learn to say a two-word sentence. | | | | | |
| **SOCIAL DEVELOPMENT** | | | | | |
| **Parent and Child** | | | | | |
| 1. Help in learning how to get more response from my child to what I do for him .... | | | | | |
| 2. How to feel more at ease with my child. | | | | | |
| 3. Help in finding out who to talk to about any unhappiness I feel in regard to my child. | | | | | |

| Bathing and Hygiene | WOULD NOT EXPECT to get this far THIS YEAR | DON'T HAVE THIS PROBLEM | WOULD LIKE HELP | BABY SITTER would like help | ALREADY KNOW what to do |
|---|---|---|---|---|---|
| 1. How to sponge bathe my child. | | | | | |
| 2. Help with bathing my child in small tub or sink. | | | | | |
| 3. How to bathe child in large tub. | | | | | |
| 4. How to keep his teeth clean. | | | | | |
| 5. Other problems. | | | | | |
| **LANGUAGE DEVELOPMENT** | | | | | |
| 1. Help him listen to sounds. | | | | | |
| 2. Help him learn to look at things and persons. | | | | | |
| 3. Help him listen to my voice. | | | | | |

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| LANGUAGE DEVELOPMENT (CONTINUED) | WOULD NOT EXPECT to get this for THIS YEAR | DON'T HAVE THIS PROBLEM | WOULD LIKE HELP | BABY SITTER would like help | ALREADY KNOW what to do |
|---|---|---|---|---|---|
| 4. Help him learn to smile, then laugh. | | | | | |
| 5. Help him learn to make sounds. | | | | | |
| 6. Help him to recognize family members. | | | | | |
| 7. Help him turn eyes toward a sound. | | | | | |
| 8. Help him learn to play peek-a-boo than pat-a-cake. | | | | | |
| 9. Help him learn to say "ma-ma" or "da-da". | | | | | |
| 10. Help him to learn to respond to his own name. | | | | | |
| 11. Help him to do one thing I ask him as "Where is the light?". | | | | | |

SAMPLE

| LANGUAGE DEVELOPMENT (CONTINUED) | WOULD NOT EXPECT to get this far THIS YEAR | DON'T HAVE THIS PROBLEM | WOULD LIKE HELP | BABY SITTER would like help | ALREADY KNOW what to do |
|---|---|---|---|---|---|
| 12. Help him learn to look at pictures in a book. | | | | | |
| 3. Help him learn to stop when I say "no". | | | | | |
| 14 Help him learn to call attention to himself by being cute (like after you laugh at him. | | | | | |
| 15. Help him say word after me. | | | | | |
| 16. Help him learn to point to his own nose, eyes, etc. | | | | | |
| 17. Help him learn to name one object, then others. | | | | | |
| 18. Help him learn to identify pictures in a book. | | | | | |

SAMPLE



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## ORDERING INFORMATION

Reproduced copies of the Help Wanted/Help received Questionnaires and other materials are available.

Our basic information packet includes the following:

1. Outreach Fact Sheet
2. Model Demonstration Fact Sheet
3. Education Bibliography
4. Sequenced Activities in a Neuro-Sensorimotor Program for the Profoundly Handicapped
5. Sequenced Activities in a Neuro-Sensorimotor Program for the Severely Handicapped

ADDITIONAL INFORMATION AVAILABLE

| Title | Quantity | | Each | Total |
|---|---|---|---|---|
| 1. Fact Sheet - Outreach | _____ | @ | Free | _____ |
| 2. Fact Sheet - Model Demonstration | _____ | @ | Free | _____ |
| 3. Bibliography - Therapy (14 pages) | _____ | @ | .75 | _____ |
| 4. Bibliography - Education (5 pages) | _____ | @ | .75 | _____ |
| 5. Bibliography - Speech (8 pages) | _____ | @ | .75 | _____ |
| 6. *Sequenced Activities - Severely Handicapped | _____ | @ | .80 | _____ |
| 7. *Sequenced Activities - Profoundly Handicapped | _____ | @ | .80 | _____ |
| 8. Sensorimotor Checklist/Glossary | _____ | @ | 1.00 | _____ |

*Includes sequences for individual children

## ORDER FORM

Please send me:

| Title | | | | | |
|---|---|---|---|---|---|
| *Help Wanted/Help Received Questionnaires Packet (Includes 4 each questionnaire.) | _____ | @ | 2.00 | = | _____ |
| Help Wanted Questionnaire (per pkg. of 6) | _____ | @ | 1.00 | = | _____ |
| Help Received Questionnaire (per pkg. of 6) | _____ | @ | 1.00 | = | _____ |
| *Basic Information Packet | _____ | @ | 2.00 | = | _____ |
| *Additional Information (Total of #3 - 8) | _____ | | _____ | | _____ |

All order must be prepaid. Total this order $ _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

Send order to Project UPSTART
Easter Seal Society for Disabled Children & Adults, Inc.
3640 Martin Luther King, Jr. Avenue, S.E.
Washington, D.C. 20032

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IV. APPENDIX

H. WORKHSOP MATERIALS

# SEQUENCING THE CLASSROOM

THINGS TO CONSIDER:

- hours in the day of the program
- days in the week of the program
- equipment available
- equipment needs of children in that program
- possible alternative positions for children who may require same equipment at same time.
- Determine times of high staff needs.
    a) Controlled Sensory Input time
    b) Gross motor time
    c) Meal/snack time
    d) Self Help time
    e) Small group time
    f) Large group time
- Map out room in a preliminary way.
- Move from door into room and back to door.
- For short days, gross motor - snack/meal - self help - small group or one-on-one.
- For long day, start out in same way but will perhaps have more in/out of room patterns.

- Setting up activity cards in individual envelopes for each child in the program. Place near the entering door. Cards are color coded for:
    a) positioning
    b) handling
    c) therapy goals and suggested activities
    d) cognitive goals and suggested activities
    e) self help goals and procedures
    f) One card, usually white, for overall information, such as, precautions, medications, priorities, special considerations, i.e., mother/father pick up early, is child ambulatory or non-ambulatory. When was child affected, i.e., blinded at 9 months.

Sequencing the classroom (continued)

- A displayed overall classroom schedule helps to keep staff flowing from one child to another.
- Suggest that as staff members enter the classroom they ask staff within the classroom if what they intend to do with the child has already been done.

CONSISTANT INDIVIDUAL TEAM MEETINGS

We found that in order to maintain the team approach toward the children - Establish a consistant meeting time for each program as well as informal times for clarification of mutual goals and approaches.

Having these meetings support the transdisciplinary delivery approach which makes it possible for one team member (i.e., speech therapist) to facilitate what she is doing by incorporating suggested movement patterns suggested by the Physical or Occupational Therapist. Thereby, providing memorable sensory experiences which are integrated into the handled child's repertoire.

# PROJECT UPSTART

d.lee walshe, ph.d. project director

## THE SEQUENCED DAY

ARRIVAL

... Assess child for daily goals

CONTROLLED SENSORY INPUT

... Consider environment (general)

-clutter/

-organization of space

-lighting and lack of

-noise - (outside and inside), voices/radios/record players, movement of staff and equipment

-drafty locations (What can be done about them or with them.)

-textures built in to room enviromnent

-softnesses/hardnesses - built into environment

... Consider handling of individual child

-need dampening/alerting(reving)

-need lowering of goal

-need raising of body tone(general or specific)

GROSS MOTOR

... activities which are built upon and enhance the child's state based upon where you have him as a result of CSI/BTP. If appropriate, physical therapy and equilibrium and righting activities occur here.

* CSI = Controlled Sensory Input
BTP = Body Tone Preparation

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Sequenced day (continued)

SELF HELP

... is delayed so that particularly high tone children have experienced dampening techniques (p. 7-9)* and are now prepared to he handled for changing of pampers, etc. And so ambulatory children who happens to be high toned will be more relaxed and therefore more successful with the tasked involved at this time.

MEAL TIME/SNACK

... is delayed so that both low tone and high tone children can be prepared for a therapeutic meal session in the short day program. In the all day program meal time should be delayed as feasible so that meal time is dealt with within a normal tone range.

SMALL CIRCLE TIME

... time for one-on-one skill development. Skills which need to be done by a particular team member before being passed on to another team member, i.e.:

- transitions which require exploration by the therapist
- language patterns which require S.T. one-on-one or two.
- cognitive skills appropriate for one, two, or three children only 3D - 2D experiences.

LARGE GROUP TIME

... the most integrated time - when children are expected to respond to varying demands within their capabilities and are now expected to incorporate appropriate social skills, language skills, motor skills, sensory skills, cognitive skills.

DEPARTURE

... body tone maintain as optimally as possible

*in NDT Lab manual



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# PROJECT UPSTART

d.lee walshe, ph.d. project director

## VESTIBULAR STIMULATION

Vestibular stimulation definitely falls under the catagory of Controlled Sensory Input in the Project UPSTART Sequencing approach. Yet this is a system which is constantly monitoring and is most likely intact in our children. We would prefer that all who handle the children be aware of the impact that they are having on the vestibular system.

- Where is head in relation to the rest of the child?
- Does the child dislike to be handled? Why?
- Does the child like to be handled? Why?
- Does the child not like to step away from the floor? ...or jump?
- Does the child have (if ambulatory) an efficient way to get an object which he is interested in?
- Does the child have trouble recognizing (visually) an object which has previously been introduced to her?
- Does the child always handle an object on one side of his body rather than with both hands and in a variety of relationships with the midline of the body?
- Is the child fearful of falling? Why?
- Does the child have balance problems? Why?



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PRETEST

NDT and SI are _____ techniques and approaches which can be incorporated into the classroom activities of the day with _____ effects on the child's ability to learn.

The Vestibular system is important in telling us where our _____ is in space. The Vestibular system includes the inner _____ and the _____ _____ which connect it with the brain.

The Vestibular system is most likely _____ in our children so it is therefore a _____ _____ avenue for effecting change in our children.

The early habitual positioning of the _____ determines what we "feel" is normal in regards to our body and gravity.

The Vestibular system influences _____ tonus.

Project UPSTART is interested in combining principles of _____ and _____ with _____ within the classroom using the _____ approach.

The _____ approach is used when all persons who are involved with the child work together to keep each other informed about any changes which have occured in goal setting or in performance.

The _____ approach is used when all persons who are involved with handling the child are involved in carrying out their mutually stated goals for that child.

Sequencing is a way to structure or _____ the classroom day so that each child receives appropriate experiences.

Project UPSTART believes that the _____ can be "prepared to learn" through the sequencing approach.

# PROJECT UPSTART

d. lee walshe, ph.d. project director

EVALUATION

1. Did you receive enough information regarding Project UPSTART-

   A. in order to understand the Sequenced approach?

   B. to understand where some of the basic principles used by Project UPSTART originate.

   C. what additional information would you like?

2. Were the activity sessions helpful?

   In what way?

3. Were the slides helpful?

   In what way?

4. Were the handouts helpful?

   In what way?

5. Were the practice sessions in developing a sequenced program for a specific child helpful?

   A. Sensory Awareness
   B. Vestibular Activities
   C. Team work

   In what way?

6. Any additional comments?

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# PROJECT UPSTART

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## SENSORIMOTOR CHECKLIST

Many of the observations you make will depend upon your individual experience and knowledge. Therefore, it is important that you watch the child for a week or so in order to check how the child performs over a period of time. Compare your observations of a child with that of other staff members. Are you seeing a "problem" at only a certain time of day or in a certain situation. If you alter the environment/task/staff does the problem change? If the "problem" persists or you feel it cannot be handled within the classroom, refer to the appropriate professional for assistance, i.e. occupational therapist, physical therapist, speech therapist, psychologist, etc.

### CONTROLLED SENSORY INPUT

| PROBLEM IN CLASS | REFER TO SUGGESTION # | SUGGESTIONS |
|---|---|---|
| a) Seeks excessive tactile input but on own terms. Child may ask for bear hugs, back rubs, etc. | 1, 2 | 1) Give bear hugs, arm and back rubs with firm pressure. |
| b) Doesn't like to dress up in costumes. | 2, 1 | 2) Provide a box with many different textures that child can touch, rub on arms/legs to explore. |
| c) Dislikes exploring new textures/mediums (finger paint, playdo, sand, etc.) or being barefoot or without long sleeves. | 2, 3, 1 | 3) Vary texture experiences from hard/dry/lumpy/grainy/soft/wet. |
| d) Avoids being touched. (Unexpected light touch increases activity and irritability.) | 1, 4, 5, 3 | 4) Place child at the beginning or end of a line to decrease the chances of his being bumped or pushed unexpectedly. |
| | | 5) Obtain child's attention by facing him and calling his attention rather than touch him - avoid light taps, tickles. |

# PROJECT UPSTART

d.lee walshe, ph.d. project director

GLOSSARY

AUDITORY: pertaining to the sense of hearing

AUTISM: a form of brain disorder affecting the ability to relate to people and events. Associated characteristics include: preoccupation with inanimate objects, absent or delayed speech, resistance to change in which the child responds with violent outbursts of temper, severe problems with sleeping and eating, and strange, stereotyped motor problems.

BALANCE: maintaining equilibrium (a state of balance)

BILATERAL: the use of both side of the body together to perform

BODY AWARENESS: knowledge of one's body in terms of both the idea of its different parts and their relation to each other.

COORDINATION: patterning of the action of the muscles of the body i.e. their "working together" controlled by brain and necessary for maintenance of posture, for balance and performance of movements

CUES: signals given to the learner to enhance ability to problem solve. May be verbal and/or physical.

DIRECTIONALITY: awareness of left, right, front, back, up, down, etc., in the world around you. Stems from the internal sense of direction developed earlier.

DISTRACTABLE: unable to concentrate

GUSTATORY: pertaining to the sense of taste

HYPERACTIVITY: overstimulation of the brain resulting in conflicting messages being sent to the learner. Behaviors often seen include inability to shut out extraneous stimuli to focus on an activity, overactive and inappropriate behaviors, overreaction to situations and people, continuous movement (running instead of walking, rocking or jumping in place, etc.)

HYPOTONIA: floppiness, decreased muscle tension preventing maintenance of posture against gravity and difficulty in starting a movement due to lack of fixation

KINESTHETIC: knowledge of muscles - the sense of perception gained from the world around you. Stem from the internal sense of direction developed earlier

LATERALITY: awareness of left, right, etc., within one's own body; also differentiating between one's left and right side. Develops before directionality.

LEARNING: the modification of behavioral tendencies due to knowledge, understanding or skill developed through study, instruction, or experience.



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MID-LINE: relating to the center of the body ( longitudinal)
MOTOR PLANNING: the ability of the brain to conceive of, organize and carry out a sequence of unfamiliar actions
MUSCLE TONE: the state of tension in muscles at rest and when we move; regulated under normal circumstances subconsciously in such a way that then tension is sufficiently high to withstand the pull of gravity, i.e. to keep us upright.
OLFACTORY: pertaining to the sense of smell
PERCEPTION: the process of organizing and interpreting sensations an individual receives from internal and external stimuli
PERCEPTUAL TRAINING: process of educating children in learning to see things accurately, rapidly, and completely
POSTURE: position from which child starts a movement
PROPRIOCEPTION: sensations from the muscles and joints that send messages to the brain enabling an awareness of the body and how it is moving
READINESS: implies preparedness to learn and depends upon basic growth of the individual, natural propensities and biological characteristics
SENSORY INPUT: streams of electrical impulses flowing from the sense receptors in the body to the spinal cord and brain
SENSORI-MOTOR EXPERIENCE: the feeling of one's own movements
SENSORY INTEGRATION: organization of sensory input for use. Through sensory integration the many parts of the nervous system work together so that a person can interact with the environment effectively and experience appropriate satisfaction.
TACTILE: pertaining to the sense of touch on the skin
TACTILE DEFENSIVENESS: a sensory integrative dysfunction in which tactile sensations cause excessive emotional reactions, hyperactivity, or other behavior problems
TASK ANALYSIS: a break down of a specific activity into workable components
VESTIBULAR SYSTEM: the sensory system that responds to the position of the head in relation to gravity and accelerated or decellerated movement
VISUAL: pertaining to the sense of sight

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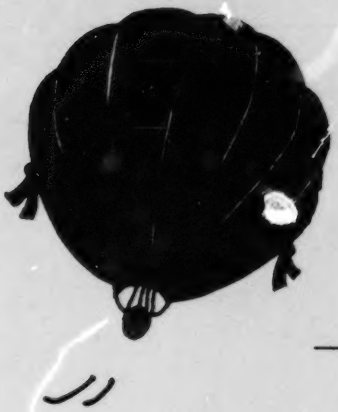
PROJECT UPSTART'S OVERVIEW FOR REPLICATION

OF PROGRAM

OVERVIEW PACKET

1. PURPOSE
2. PROGRAM SUCCESS
3. SEQUENCED NEURO-SENSORIMOTOR PROGRAM MODEL COMPONENTS
4. WHAT WE PROVIDE
5. WHAT SITE PROVIDE
6. IMPLEMENTATION OF SEQUENCED-SENSORIMOTOR PROGRAM
7. DISSEMINATION MATERIALS



# PROJECT UPSTART

d.lee walshe, ph.d. project director

PURPOSE:

- To develop replication sites who will replicate part or all the components
- Provide training of professionals and paraprofessionals
- Follow-up consultation
- Develop materials

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# PROJECT UPSTART

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PROGRAM SUCCESS:

- Refunded for 5th year of outreach
- Progress of children as seen by pre - post scores
- Feedback from staff and parents
- Parent support letters
- Site acting as public relation, i.e., contacts with other agencies (site can also act as demonstration site for their locale)

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# PROJECT UPSTART

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SEQUENCED NEURO-SENSORIMOTOR PROGRAM

MODEL COMPONENTS

- Sequenced approach to service delivery
- Interdisciplinary team approach
- Techniques of Neurodevelopmental Treatment (NDT)
- Techniques of Sensory Integration (SI)
- Interweaving therapeutic techniques with educational activities
- Preparing the child for learning

NOTE: Input for any two(2) of these components would qualify an organization to be considered as a site.

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WHAT WE PROVIDE:

- Initial workshop to increase staff awareness (SNSP)
- 3 to 5 visits consecutive to observe and begin to set up program (assess staff and children needs)
- Visits X1/Mo. or as needed (negotiable)
- Appreciation for impact of environment on learning (preparing child for learning)
- Therapeutic/educational input (suggestions of activities, gadgets, etc.)
- "Hands on" training (handling, positioning, feeding)
- "Expertise" transfer (we teach staff, they teach each other)
- Team approach in service delivery emphasizing the needs of the whole child.
- Material dissemination (handouts, notes with ideas from visits)
- Continued consultation (even as frequency decreases)
- Assist in developing individual and then group sequences.

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# PROJECT UPSTART

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WHAT SITE PROVIDES:

- We rely upon site to decrease conflicts - by notifying if cancellation indicated
- Time for scheduled visits/meetings for feed back
- Support attitude of flexibility
- Energy (committment compliance/cooperation) of all staff
- Staff with an interest in the team approach and a willingness to try such an approach
- Test scores (pre & post)
- Continued feedback to UPSTART team from staff for their needs and childrens' needs (what works and what doesn't)
- Equipment follow through on suggestions as possible and when not, "communicate"
- Family involvement
- (Parents welcome to watch)
- Teachers give information to parents
- Interest in home programing

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# PROJECT UPSTART

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## IMPLEMENTATION OF THE

## SEQUENCED NEURO-SENSORIMOTOR PROGRAM

The following is an example of the sequence of events with Project UPSTART-Outreach when all components of the SNSP are utilized. Each site reserves the right to replicate part or all of the components as felt feasible.

A. Initial contact with site administrators

B. Presentation of the initial workshop

*C. Pre-testing data completed by classroom staff

D. Intensive hands-on training addressing:
- Individual child needs
- Handling, positioning, and feeding techniques
- Environmental influences
- Equipment suggestions

E. Monthly visits addressing:
- Refinement of techniques previously learned
- Implementation of therapeutic feeding techniques
- Hierarchy of sequential activities
- Interweaving of therapeutic and educational activities
- (Frequency of visits determined by Outreach and site personnel)

F. Development of individual sequences

G. Implementation of individual sequences

H. Refinement of individual sequences

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SNSP Implementation, p. 2

I. Development of group sequences addressing: classroom flow
staff input
incorporation of outside daily activities ( P.E., art, music, swimming)

J. Implementation of group sequences

K. Refinement of group sequences

L. Final presentation of total sequence

*M. Post-test data completed by classroom staff

N. Project evaluation completed

O. Project and site planning for next school year

*NOTE: The SNSP often requires more than one year of involvement to complete the sequence of events. Pre & Post data are required on an annual basis.

# PROJECT UPSTART

d.lee walshe, ph.d. project director

## DISSEMINATION MATERIALS

#1. FACT SHEET - OUTREACH SERVICES

#2. FACT SHEET - MODEL DEMONSTRATION CLASSROOM

#3. BIBLIOGRAPHY - THERAPY

#4. BIBLIOGRAPHY - EDUCATION

#5. BIBLIOGRAPHY - SPEECH LANGUAGE

#6. PARENTS "HELP RECEIVED" QUESTIONNAIRE

#7. PARENTS "HELP WANTED" QUESTIONNAIRE

#8. SENSORIMOTOR GLOSSARY

#9. SEQUENCE ACTIVITIES - SEVERELY HANDICAPPED

#10. SEQUENCE ACTIVITIES - PROFOUNDLY HANDICAPPED

#11. SENSORIMOTOR CHECKLIST

#12. SI/NDT TECHNIQUES OVERVIEW

#13. FEEDING GUIDELINES

#14. KITCHEN TALK

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## IV. APPENDIX

I. SAMPLE EVALUATIONS OF WORKSHOPS

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# PROJECT UPSTART

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EVALUATION Workshop 9/17-18, 1984

1. Did you receive enough information regarding Project UPSTART-
   A. in order to understand the Sequenced approach?
   yes
   B. to understand where some of the basic principles used by Project UPSTART originate.
   yes
   C. what additional information would you like?

2. Were the activity sessions helpful? Team sessions
   In what way? Provided very nice ways of illustrating the team approa

3. Were the slides helpful? very
   In what way? Provided excellent opportunities to evaluate home, pos sitioning.

4. Were the handouts helpful? yes
   In what way? set out expectations

5. Were the practice sessions in developing a sequenced program for a specific child helpful?
   Was not invited to participate until reporting period.
   A. Sensory Awareness yes — guess only - to other s
   B. Vestibular Activities yes —
   C. Team work yes
   In what way? alone at 2, 3

6. Any additional comments? A valuable worksh

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# PROJECT UPSTART

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EVALUATION

1. Did you receive enough information regarding Project UPSTART-
   A. in order to understand the Sequenced approach? Yes
   B. to understand where some of the basic principles used by Project UPSTART originate.
   C. what additional information would you like?

2. Were the activity sessions helpful?

   In what way?

3. Were the slides helpful?

   In what way?

4. Were the handouts helpful?

   In what way?

5. Were the practice sessions in developing a sequenced program for a specific child helpful?

   A. Sensory Awareness
   B. Vestibular Activities
   C. Team work

   In what way?

6. Any additional comments?

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# PROJECT UPSTART

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EVALUATION

1. Did you receive enough information regarding Project UPSTART-
   A. in order to understand the Sequenced approach?
   B. to understand where some of the basic principles used by Project UPSTART originate.
   C. what additional information would you like?

2. Were the activity sessions helpful?

   In what way?

3. Were the slides helpful?

   In what way?

4. Were the handouts helpful?

   In what way?

5. Were the practice sessions in developing a sequenced program for a specific child helpful?
   A. Sensory Awareness
   B. Vestibular Activities
   C. Team work

   In what way?

6. Any additional comments?

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PROJECT UPSTART
Feedback and Evaluation

PLEASE CIRCLE APPROPRIATELY:

1. What is your discipline?
   (A) Teacher
   B. Para-professional
   C. Administrator
   D. Other (specify) _____

2. What segment of the presentation was most interesting?

   A. Overview
   (B) The Learning Process
   (C) The Sensori-Motor Experiences (Beads, Obstacle Course)
   D. Description of the SNSP
   E. Discussions

3. What segment of the presentation was most informative?

   A. Overview
   B. The Learning Process
   (C) The Sensori-Motor Experiences
   D. Description of the SNSP
   E. Discussions

4. Were the sensori-motor experiences beneficial for you?
   Explain Yes it made me more aware of why the children act the way they do

5. Did you gain a general understanding of Project Upstart's program?
   (Yes)
   No

6. Did you gain a general understanding of the SNSP?
   (Yes)
   No

7. Please indicate the area(s) not clearly presented if you answered "no" to number 5 or 6.

8. Further comments or suggestions.
   I enjoy the work shop. You did very well

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IV. APPENDIX

J. OUTREACH AND MODEL DEMONSTRATION FACT SHEETS

# PROJECT UPSTART

d.lee walshe, ph.d. project director

## OUTREACH SERVICES

FACT SHEET
1983 - 84

### GENERAL DESCRIPTION OF SERVICES

Project UPSTART's outreach services are directed toward stimulating quality services for handicapped infants, children and their families, while developing an effective outreach model. This outreach phase follows three years of model demonstration. For three years, a program was developed, the Sequenced Neuro-Sensorimotor Program (SNSP). With the assistance of outreach, nine sites are replicating the program. In addition, outreach activities this year will include: product development, training, consultation, workshop and conference presentations, and situmulating state involvement.

### PROCEDURE FOR SECURING OUTREACH SERVICES

Contact: Project Director: D. Lee Walshe, Ph.D., OTR (301) 589-8727
Pfoject Coordiantor: Joan Frain (202) 563-0410

### MODEL DEMONSTRATION LOCATION

Easter Seal Society for Disabled Children and Adults, Inc.
Southeast Center
3640 Martin Luther King Jr., Avenue, S.E.
Washington, D.C., 20032
Contact: Ms. Norma Evans-Barber (202)562-7112

### OFFICE HOURS

8:00 a.m. - 4:00 p.m., Monday through Friday

### SITE LOCATIONS

D.C. Department of Human Services
Day Care Program
Washington, D.C.
Contact: Ms. Norma Evans-Barber
(202) 562-7112

Sharpe Health School
Public Schools of the District of Columbia
Contact: Mrs. Marian C. Siler
(202) 576-6161

F.B. Gwynn Education Center
Charles County Public Schools
Contact: Mr. Raymond Bryant
(301)934-3884

Infant Education Program
St. Mary's County Public Schools
Contact: Mr. Walter Frazier
(301) 862-2174

United Cerebral Palsy Association of Montgomery County, Inc.
Contact: Mrs. Patricia Salapka
(301) 468-1676

PERSONS SERVED
Three hundred twenty handicapped infants, preschoolers, children, young adults, and their families have been inpacted through outreach services. Approximately 75% are severely or profoundly handicapped. The less handicapped provide us the opportunity of field testing the developed program among a different population. The staff at the replication sites have been receiving training and hands-on follow-up consultation. Many other persons have read our materials and attended local, site or national conventions where we have presented.

AREAS SERVED
Northwest and Southeast, Washington, D.C.
St. Mary's, Charles, and Montgomery Counties in Maryland

FUNDING
Through Special Education Programs, U.S. Department of Education
Grant Number G008301512
In-kind support from Easter Seal Society for Disabled Children and Adults, Inc.

SPECIFIC SERVICES

ASSISTING REPLICATING SITES
By providing workshops, pragmatic "hand-on" training, consultation, demonstrations, instructional materials, information on equipment adaptation, information resources.

FRODUCT DEVELOPMENT
Outreach funding assists Project UPSTART to further develop its sequenced Neuro-Sensorimotor Program and accompanying materials. Outreach also enables the staff to implement the program in rural, urban, and suburban areas.

TRAINING
Training reaches many persons aside from those at the replication sites: Special educators, occupational therapists, physical therapists, speech pathologists, para-professionals, administrators and volunteers. These persons are reached through workshops, presentations, practicums, and field work.

AWARENESS
These activities generate inquiries regarding the model program, the SNSP and materials that accompany it. They also focus attention on the need for intervention for many young children and their families. Such awareness stimulates and helps to prevent duplication of services.

PARENT AGENCY DESCRIPTION
Easter Seal Society for Disabled Children and Adults, Inc. is the Easter Seal Agency for Washington, D.C., Prince George's, Montgomery Counties, and Southern Maryland. It is a private, non-profit agency serving multi-handicapped infants, young children and adults. In addition to services in Northwest and Southeast, Washington, D.C., the society has developed programs in Montgomery Counties and three counties in Southern Maryland. Services offered to handicapped children, their families, handicapped adults and their families, and the community agencies, training of student teachers and student therapists, equipment loan, information and referral, and the opportunity for on-site visits from professional and community sources.

# PROJECT UPSTART

d.lee walshe, ph.d. project director

MODEL DEMONSTRATION CLASSROOM
OPEN FOR OBSERVATION WITH APPOINTMENT
202-563-0410

GENERAL DESCRIPTION OF SERVICES

Project UPSTART provides a Neuro-Sensorimotor Program for infants and preschoolers who are profoundly through moderately mentally and/or physically handicapped. This program includes:

- Therapeutic Educational Program with an Adapted NDT/SI Approach in a Multi-Disciplinary Team Format
- Professional and Para-professional Training
- Orthopedic, Neurological, Pediatric Clinics

MODEL DEMONSTRATION CLASSROOM

LOCATION

Easter Seal Society for Disabled Children and Adults, Inc.
Southeast Center
3640 Martin Luther King Jr., Avenue, S.E.
Washington, D.C. 20032

CONTACT PERSONS

D. Lee Walshe, Ph.D., OTR, Director of Program Services (301) 589-8727
Joan Frain, Outreach Project Coordinator (202) 563-0410
Norma Evans-Barber, Southeast Center Coordinator (202) 562-7112

HOURS

Office: 8:00 a.m. - 4:00 p.m. Monday through Friday

School: 8:00 a.m. - 11:00 a.m. 3 Days per Week
(Half Day Sessions)
12:00 p.m. - 3:00 p.m.-3 Days per Week
(Half Day Sessions)

AREA SERVED BY THE DEMONSTRATION CLASSROOM
The District of Columbia metropolitan area.

SPECIFIC DESCRIPTION OF SERVICES
Project UPSTART provides diagnostic educational prescriptive activities integrated with adapted neurodevelopmental and sensory integrative therapies. The rational for the integration of education and therapy in meeting the needs of severely/profoundly handicapped very young children rests upon the awareness of the need for improvement of neuro-sensorimotor function as a basis for progress in the child's educational program. A plan for sequencing activities has been developed and is individualized for each child. The classroom serves severely/profoundly, mild/moderately handicapped. There are 10 children in the classroom with programming for a half-day, three days a week in a.m. and p.m. Staff consists of : teacher, occupational therapist, physical therapist, speech pathologist, and teacher assistant. Staff supports the interdisciplinary team approach. Program components address all curriculum areas. A behavior program is developed, if behavioral assessment indicates that it is necessary. A toilet training program is developed with parents, utilizing techniques of behavior modification. A therapeutic feeding program is provided for children with oral-muscular dysfunction. Cognitive/language programs are developed for each child, and children are grouped appropriately for program activities. The gross and fine motor program is totally integrated into the classroom structure and consists of individual handling, positioning, pre-ambulation, control of the sensory environment through therapeutic intervention, and preceptual-motor activities.

SUPPORT SERVICES TO THE FAMILY
Parent training programs are provided in areas of : feeding, toileting, positioning and handling, personal care, hygiene, and adapted equipment. Counseling in behavior managment is offered. Parent training is directed toward enhancing parent skills in reinforcing the child's development in all curriculum areas. Additional support services consist of : parent interview, support in crisis, planning for and provision of respite care, assistance in referrals to outside agencies and future placement in another agency. Teachers and therapists visit the home and provide counseling and training. Recreation and social opportunities are provided for parents.

DEMONSTRATION SERVICES AND OUTREACH
An opportunity for members of the community to visit the model program on-site is provided. Workshops are offered to professional groups. Presentations are made off-site to interested parents, professionals, and para-professional groups. Slides and video tape presentations have been developed. Care-takers, such as babysitters, are offered assistance in acquiring skills. Semester-long training programs are offered to universities for clinical training, pre-clinical experience and practicums. High school volunteers learn parenting skills. Consortiums and associations have been established which coordinate services and develop quality programs.

PARENT AGENCY DESCRIPTION
Easter Seal Society for Disabled Children and Adults, Inc. is an Easter Seal Agency, private, non-profit, serving multi-handicapped infants, preschoolers, and adults, with provision of an education and therapy program and counseling for parents. Services are offered in Washington, D.C., Southern Maryland, Prince George's and Montgomery County, Maryland. Services offered to handicapped children, their parents and the community are as follows: educational

programs, occupational therapy, physical therapy, language therapy, psychological evaluation, counseling, pediatric examinations, medical clinics, staff consultants to community agencies, training of student educators and student therapists, and opportunity for on-site visits from professional and community sources. Services offered to adults and their families are: physical, speech/language and occupational therapies, counseling, self-help groups, recreation activities, psychometrics, information and referral.

For additional information about the Easter Seal Society for Disabled Children and Adults, Inc. phone 202-232-2342.

IV. APPENDIX

K. FINANCIAL STATUS REPORT